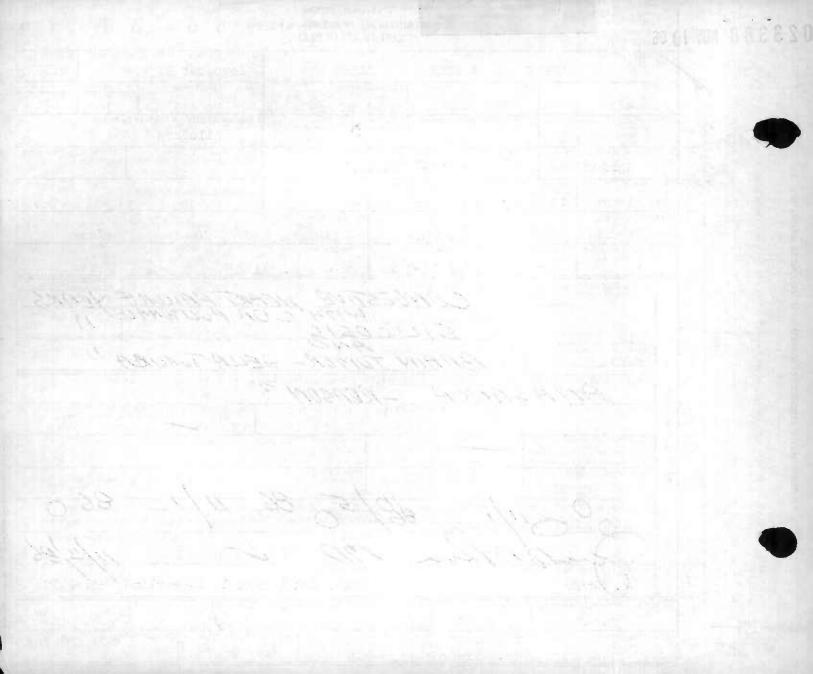
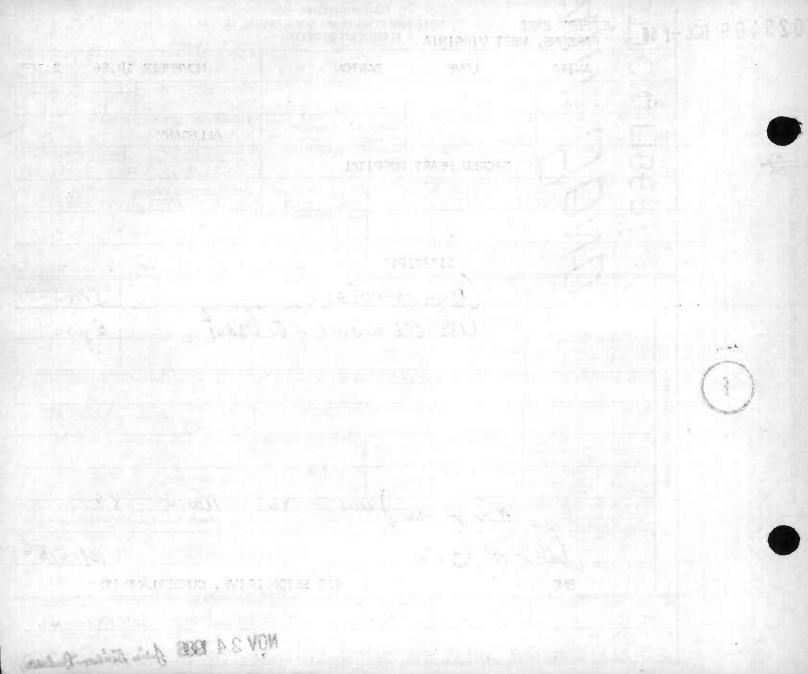
| | FOR | | | STATE OF MARYLAND | | 7 0 | 2 4 |
|--|--|---|--|--|--|--|------------------------------------|
| 023388 NOV 1 | STATE REGISTRAR | | DEPARTM | ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE 8 6 | 3 U ! | 9 0 |
| M c | 1. DECEASED NAME | FIRST | MIDOLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR | 26 HOUR |
| noy be poge 3 | (TYPE OR PRINT) | MERLE | ALBERT | ALLEN | November 1, | 1986 | 6:56 A |
| moy moy | 3. SEX | 4. RACE | | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| ge 4 | / Male | Whi | .te | July 8, 1914 | 7.2 YI | RS. | HOURS MIN. |
| Photo din | 7a. BIRTHPLACE (STATE OR FO | REIGN 76. CITIZEN OF | WHAT COUNTRY? | 8. MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COU | | |
| in Z | Pennsylvani | | S.A. | WIDOWED DIVORCED | Allegany | | MD. |
| softer of the filled with | Cumber 1 | | HOSPITAL, NURSING JCH EACILITY, GIVE STREET A Memorial | G HOME OR OTHER INSTITUTION DERESS HOSPITAL | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) | | F BUSINESS OR |
| BALTIMORE, MARYLAND 2120 iote be executed within 24 hours ysticion and completely filled in by apers. Poges 1 and 2 shrond be fill yol. | USUAL RESIDENCE (IF NURSIN 130. STATE Maryland | G HOME OR OTHER INSTITUTION 36 COUNTY 11egany | 13c. CITY OR TOWN Cumber1 | 1 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP C | | 21502 |
| within within d 2 she d 2 she | M. FATHER'S NAME | WIGOTE | LAST | 15. MOTHER'S MAIDEN NA | Tare a DUA | LAS1 | |
| way omple | David | Norris | Allen | Lessie | Rowe | Fry | |
| MORE, MARY e executed with n and completel Poges 1 and 2 medicolesconne | 160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) | U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) | 481 | | ADDRESS | | |
| v ST., BALTIM certificate be and physician of bonpapers. Pr r remavol. | | (Enter only one couse pe S CAUSED BY: | 181-14-2 | | Allen sar | ne as 13 | MATE INTERVAL |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. NG PHYSICIAN: The low requires that the death certification physician. Ottending physician. Otten this certificate has been signed by the attending pass the buriol-transit permit. Then please remove carbon thand Mental Hygiene prior to buriol, cremation, or remarked or liem. It shart any injury, ar other traumatic events. | Conditions, if ony, gove rise to imme couse (a), stoting underlying couse PART 2. OTHER SIGN! | which diote the lost Cc) (c) | BRASA CONSEQUE | 1COSIS | 3 | | |
| AL RECC | 190 DATE OF OPERATION OF THE PROPERTY OF THE P | | | DPERATION WAS PERFORMED | TES NOT IN CE | F YES, WERE FINDIN ERTIFYING CAUSES YES [] | NGS USED OF DEATH? NO |
| DN OF VITA | OR CONTRIBUTION C | USE OF DEATH HOUR | OF INJURY A.M. MONTH DA P.M. | Y YEAR 19 | RRED (ENTER NATURE OF INJURY IN ITEA | A 1B PART I OR PART 2) | |
| IVISION UG PHYS offendin offendin offendin rer this of sthe bus sthe bus red or I | (IF EITHER, NOTIFY MEDICAL ZIG INJURY OCCURRE WHILE NOT WHILE | LAT MOME S | OF INJURY TREET, FACTORY, OFFICE FA | RM, ETC.) 21f LOCATION STREET | CITY OR TOW! | COUNTY | STATE |
| ATTENDIN Spitol or CTOR: Af I for use of Health | saw the deceased | did not view the bod | 10 8 | and that ir (my) our) apinior | death occurred in the date and | hour and from the | thot (1) we) lost couses stoted |
| AL CAN the hay the hay the hay the bay the bay the DIRE detoched one Depth I'll if then I'll i'll it then I'll i'll i'll i'll i'll i'll i'll i'll | 230 SIGNORTURE | m | Lun | | MEDICAL STAFF DIRECTOR PHYSICIAN | 27c DATE | 3/86 |
| TO HOSPITAL Credited by the TO FUNERAL I. TO FUNERAL II. Should be detro. with the State I. IMPORTANT: If | Dr. Rave | AE (THE GREENT) | | 22: ADDRESS Memorial Ho | spital Cumberl | and, Md. | 21502 |
| 5 5 5 4 3 5 T | 23a. BURIAL, CREMATION, R | | | AME OF CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY | STATE |
| BP | Buria | | 4/86 Re: | stlawn Cemetery | LaVala Al | legany | MD |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 24 FUNERAL DIRECTOR | Leasure-S | tein Fun | eral Home 250. DA | TE REC'D. BY REGISTRAR 256. RE | GISTRAR'S SIGNATU | JRES Cadalle |
| (VKA 15, 4) | I 4JU DAITIM | AVA AVA | LIMMONTA | nd MIN 21502 | I V I W | | |



STATE OF MARYLAND

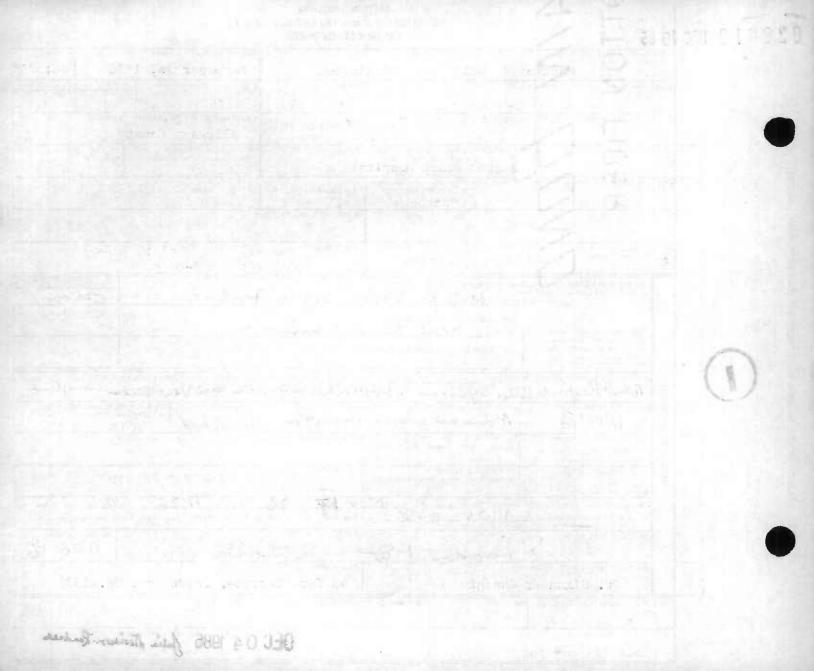
| 025469 DEC | FOR JEFFERY E | | STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYC A CERTIFICATE OF DEATH | GIENE & & | 30198 |
|--|--|--|---|--|---|
| noy be poge 3 | I. DECEASED NAME FIRST ANITA | LOVE | BARTON | 20 DATE OF DEATH MONTH | ER 14,86 2:30P |
| tor. pog | ₃.sex MXXXX Female | 4. RACE | 5. DATE OF BIRTH MONTH 4 7 1932 | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| eoth. Poge n72 hours | MAXAX Female 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | White 76 CITIZEN OF WHAT COUN USA | | 54 9 BALTIMORE CITY OR CO | UNTY OF DEATH |
| by the further do with | D. CITY OR TOWN OF DEATH Cumberland | NAME OF HOSPITAL, NO | URSING HOME OR OTHER INSTITUTION | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK EXECUTIVE Sec | |
| AND 212 | | or other institution, give residence unity 13c city or Davis | YESXXX NO 🗆 | 13e.STREET ADDRESS / ZIP Fourth @ Henr | code y Ave. 26260/ |
| marylined within | John | MIDDLE LAS | e Anita | WIDDLE | Reynolds |
| be executor on and construction and construction or the construction of the constructi | 160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, | | 301019 Robert Barto | n, Fourth @ He | nry AVe. Davis W. |
| on ST., BA s certificate ding abysic orten pape or removal. | | anly ane cause per the for (a), (I SED BY: ATE CAUSE (a), DUE TO, OR AS A DWS | enormaco as | 1 1 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 201 W. PRESTON In that the death condition and y the attendance confined into commutation, or or other traumatic | Conditions, if ony, which gave rise to immediate cause (0), stating the underlying cause lost. | (b) UNIVERSITY DUE TO, OR AS A CONS | iocordina of the | ANAL DISEASE OF CONDITION | 2 year |
| DIVISION OF VITAL RECORDS, ING PHYSIC IAM. The large captured of the this certificate hot for the north Member of the month of them 18 hower and acked or them 18 hower and the control or them 18 hower and the state of the stat | 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING | | THICH OPERATION WAS PERFORMED | 20a AUTOPSY? 20b | IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) NO \(\text{NO} \) |
| HYSIC LANding The section of VIT. HYSIC LANding The section of th | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, MOTHEY MEDICAL EXAMINATION OF COURRED | P.M. 21e. PLACE OF INJURY | 19 211. LOCATION | RED (ENTER NATURE OF INJURY IN ITE | COUNTY STATE |
| ENDING Pol or offer the use os the Health one is marked | AT WORK AT WORK | pital) attended the deceased f | 10 July 19 86 | | , 19 6, that (I) (we) lost |
| AL OR ATTE the hospit AL DIRECTO etoched for the Dept. of Tr. If Hem 21 | abave, (I) (we) (did) (did | on yiew the bady after death. | DEGREE ATTENDING | , MEDICAL STAFF DIRECTOR PHYSICIAN [| d have and from the causes stated 22c. DATE SIGNED |
| TO HOSPITA etoined by TO FUNER should be d with the Sto | 22d. PHYSICIAN'S NAME III | 000 | 27e ADDRESS 912 SETON | DRIVE, CUMBER | |
| 199BP 19 | Burial, CREMATION, REMOVA | 11/18/86 | 236 NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery | | Baltimore MD. |
| DHMH - J6 60M 7/84 (VRA 15, 4) | 24 FUNERAL DIRECTOR | 312 Main Stro | RESS Pet Parsons W V 262 | 04 2 4 1986 | EGISTRAR'S SIGNATURE |



STATE OF MARYLAND 0 2 5 0 8 4 NOV 25 85 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-PATRICK ALLEN **BECKER** 16 4. RACE & AGE (IN YEARS 2d. HOUR PRONOUNCED 502_M 1086 Male Cau 03-17-1954 DEAD 76. CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Allegany PA WIDOWED DIVORCED II. CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN LET BOWGIVE STREET ADDRESS) 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Cumberland 151 Wineow St.) auto mechanic garage | 134. INSIDE (ITY LIMITS? | 134. STREET ADDRESS | Creek Road/21502 13a STATE Allegany Cumberland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Francis Becker Marilyn Moody 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO 1974-1977 218-64-9367 ves Mrs. Christy A. Becker, Cumberland, MD 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Carbon monoxide poisoning IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ... 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARTMENT OF I YES 210. EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) IN CLOSED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR
CONTRIBUTING CAUSE OF DEATH 16 19 86 garage, and left motor running; left a note 21d. INJURY OCCURRED ZIe. PLACE OF INJURY Garagery, FARM, ETC.) 15th Wind Street Cumberland Aldeg. Maryland WHILE AT WORK Wineow 220. I certify that I tagle charge of the rumping described above, held on Inspection Ly and in my apinian Suicide X death resulted from Homicide . Accident Undetermined monner 11/17/86 TITLE (PEC FY) ACTUAL MEDICAL EXAMINER SIGNED XAMINER'S NAME PAUT Snow, M.D. Memorial Hosp. Cumberland Md. 21502 23g BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION burial 11-20-1986 Restlawn Memorial Park Cumberland, Allegany. 25M 24. FUNERAL DIRECTOR **DHMH - 17** James F. Scarpelli, Cumberland, MD 21502 (VR A15 ME (5))



| 0 0 0 0 0 | | STATE BEGISTRAR | | DEPART | | CATE OF DEATH | REG. NO. |) U E | |
|--|---------------|---|--|--|---------------|--------------------------------|--|---|---|
| | _ | | RST | WIDDLE | ŁAS | т | 28. DATE OF DEATH MONTH | DAY YEAR | 26 HOUR |
| nay be poge 3 r death | (TYPE | OR PRINT) Ma | rtin I | IMI | Biddi | ngton | November 26, | 1986 | 04:57A |
| pog pr de | 3. SE | | 4. RACE | | 5. DATE OF | BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR | |
| s offe | | Male | Cauca | sion | MONTH 4 | 45 1908 | 3 78 y | RS. MONTHS DAYS | HOURS MIN. |
| Pog dire | | RTHPLACE (STATE OR FORE | | F WHAT COUNTRY | 8 MADDIED | NEVER MARRIED | 9 BALTIMORE CITY OR COL | | |
| the off | | Md | U | SA | WIDOWED | | Allegany Co | unty | N |
| Softer d | | TY OR TOWN OF DEATH Cumberland | (IF NOT IN S | F HOSPITAL, NURSII UCH FACILITY, GIVE STREE ed Heart 1 | T ADDRESS) | OTHER INSTITUTION | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Retired | | OF BUSINESS O |
| 24 hours | USU. | AL RESIDENCE (IF NURSING I | HOME OF OTHER INSTITUTION COUNTY | 13c. CITY OR TOV | VN | 13d. INSIDE CITY LIMITS | ? 13e.STREET ADDRESS / ZIP (Rt 2 Box 22 | | |
| od Sith | 14. FA | THER'S NAME FIRST | WIDDLE | LAST | | 15. MOTHER'S MAIDEN FIRST | NAME | LA | .51 |
| n ond con Poges 1 c | | VAS DECEASED EVER IN 1 | J.S. ARMED FORCES' EYES, GIVE WAR OR DATES) | 2140753 | | 17. INFORMANT(sp Vesta Bidd | ouse) ADDRESS 1030 1030 | 1) 689-61 s #13 | .33 |
| been from please with the please of the plea | CERTIFICATION | PART 2. OTHER SIGNIFI | distress S | Judrane | - MY | WAS PERFORMED | TERMINAL DISEASE OR CONDITION TERMINAL DISEASE OR CONDITION TOTAL 200 AUTOPSY? 200 AUTOPSY? 100 | N GIVEN IN PART 1 Value IF YES, WERE FINDI ERTIFYING CAUSE | INGS USED |
| on. one per los | Ĭ | 11/19/86 | Abd | onivel 1 | Aurre | aneurylow | YES NOW | YES | NO [|
| SICIAN: The physicion certificate I riid-transit entol Hygie entol Hygie | | 218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL E | SE OF DEATH HOUR | OF INJURY A.M. MONTH D | DAY YEAR | 21c. HOW INJURY OC | CURRED (ENTER NATURE OF INJURY IN ITE | M 18 PART 1 OR PART 2) | 100 |
| or ottending ph After this certifice os the buriol-th oith and Mental | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLAC | E OF INJURY STREET FACTORY, OFFICE | , FARM, ETC) | 21f LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| OR ATTENDIN e hospitol or DIRECTOR: Aft iched for use o Dept. of Health | | 220.1 certify that (I) (th | is hospital) ottended | | | THE RESERVE | nion death occurred on the date an | | , that (1) (we) le e causes stated E SIGNED |
| by the h ERAL DIR e detache Stote Der | | 22d. PHYSICIAN'S NAM | SC. La | ndhm | MB | ATTENDIN | IG MEDICAL STAFF N DIRECTOR PHYSICIAN [| 111 | 26/86 |
| TO HOSPITAL retained by the TO FUNERAL should be deto with the State IMPORTANT: IMPORTANT: IN | | | ander Sand | hir | | | Terrace, Frostbu | rg, Md.21 | 532 |
| D = F = 3 ₹ | | BURIAL, CREMATION, REA | MOVAL 23b. DATE | 230 | NAME OF CE | METERY OR CREMATO | DRY 23d. LOCATION | COUNTY | STATE |
| BP | | (SPECIFY) Removal | 11- | 26-86 | | | PART OF THE PART OF THE | | |



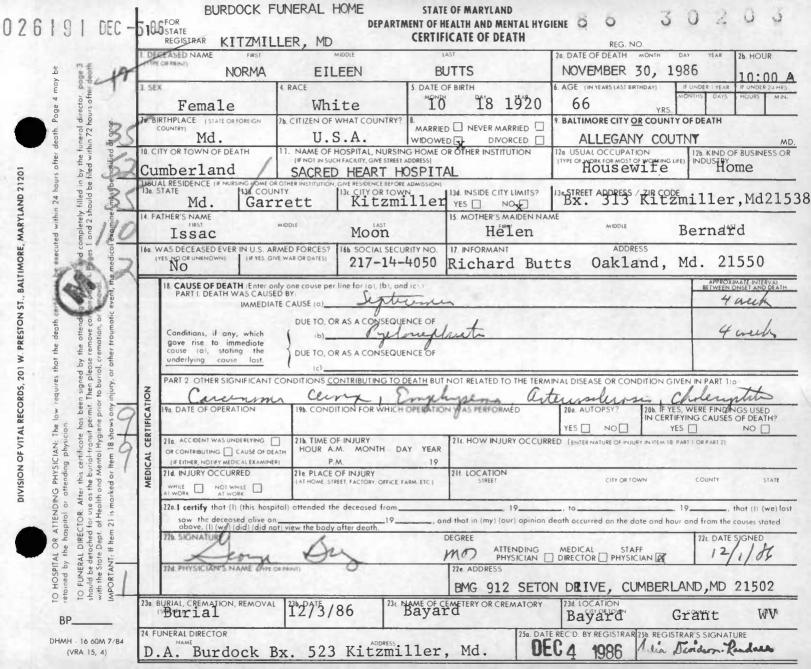
| 126 | 27 | 7 6-1 | DEC - | ភ្នាទ | FOR STATE PREGISTRAR | | DE | PARTN | ENT OF H | EALTH AND | MENTAL HYG | | 3 | 0 2 | U | and the second |
|---------------------------|--|---------------------------------|--|----------------|---|-----------------------------|---|----------------------------|-------------------------|---------------------|------------------------|---|------------------------------|-------------|---------------------------------|----------------|
| | the f | | | | CEASED NAME FIRS | | MIDDLE | - | | AST | | REG. NO. | ONTH DAY | y YEAR | In | 110 |
| , | e e | depth depth | | | OR PRINTY | SEAN | | Т | | BOYER | | 11 | 28 | | 20. 110 | 25H M |
| | may | pode er dep | 115 | 3. SE | X | 4 | RACE | | 5. DATE C | F BIRTH | | 6 AGE (IN YEARS LAST BIRTHE | | UNDERIYE | | R 24 HRS |
| | 96 4 | urs off | | | MALE | | W | | 06 | 09 | YEAR 86 | YRS. 5 20 HOURS | | | | |
| | death. Pa | n 72 ho | 35 | | RTHPLACE (STATE OR FOREIGH COUNTRY) | N 7b | USA | NTRY? | 8. MARRIEI WIDOWE | | MARRIED 🔀 | 9 BALTIMORE CITY OR Allegany | | OF DEATH | | MD. |
| 01 | s ofter d | by the fur | Ser Hield | | UMBERLAND | 111 | NAME OF HOSPITAL, I | VURSING STREET A | G HOME C | | | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W | 7 | INDUSTR | of Busin | |
| ND 2120 | 24 hour | filled in I | 35 | USU. 13e. S | AL RESIDENCE (IF NURSING HESTATE IN) | ME OR OTH COUNTY Alle | | or town | | 13d. INSIDE C | CITY LIMITS? | 13e.STREET ADDRESS / Z Rt. 8 - Va | IP CODE | Rd/2 | 1502 | |
| MARYLAND | within | d 2 sh | 5 | 14. FA | ATHER'S NAME | MID | DDLE (A | AST | | 15 MOTHER | S MAIDEN NA | ME | | | LAST | |
| E, M | uted | Comp | 0 1 | JAn \ | VAS DECEASED EVER IN U. | _ | er Robert Ki | | PITY NO | 17 INFORMA | ANT | Debra Boyer | | | - 43 | |
| BALTIMORE, | be exec | s. Pages | e medic | | | | (AR OR DATES) | | KITT 140. | TH | E MEMOR | IAL HOSPITAL | MEMOI | | AVENU | |
| DRDS, 201 W. PRESTON ST., | equires that the death certifical suggests the characteristic condesign to comparing to build, cremation, or cemps | | no buriol, cremation, or removi njury, or other traumatic event | TION | Canditions, if any, which gave rise to immedia couse (a), stating the underlying cause lost | ch (te | DUE TO, OR AS A COM (b) DUE TO, OR AS A COM (c) NOITIONS CONTRIBUTION | NSEQUE NSEQUE NSEQUE | NCE OF | | TO THE TERM | S & IMA ROBENTHALY | | | | |
| AL RECO | the low | t permit | 2 | CERTIFICATION | 190 DATE OF OPERATION | | 196. CONDITION FOR | WHICH (| OPERATIO | N WAS PERFO | DRMED | 200 AUTOPSY? | Ob. IF YES, \ N CERTIFY! YES | NG CAUS | DINGS USE SES OF DEA NO [| ATH? |
| OF VIT | CIAN. | enficate id-from ids Hyg | 9 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA | OF DEATH | 21b. TIME OF INJURY HOUR A.M. MONT P.M. | îh Da | Y YEAR | 21c. HOW IN | JURY OCCURI | RED (ENTER NATURE OF INJURY I | N ITEM 18 PAR | T 1 OR PART | 2) | |
| DIVISION OF | G PHYS | the bur | red or | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, | OFFICE, FA | ARM, ETC.) | 21f LOCATION STREET | | CITY OR TOWN | ALD | COUNTY | 4 | STATE |
| ā | NONS IN | W. Ath | in more | 1 | 220.1 certify that (1) (this | hospital) | | | 11- | 240 | 19_66 | | . 19 | | , that (I) { | |
| - | ATT | O to | EN E | 16 | | ve an lid nat) v | riew the bady after death | _19 | | | (aur) apinion | death occurred an the date | and haur a | | | |
| | CAL OF y the he | AL DIRE detocher ore Depr | a her | | The Signature | m | | | (| | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIA | ND | 22c. DA | TE SIGNED | , |
| | HOSP! | O FUNERAL hould be det | PORTA | | MENCH | 400 | | | | 22e ADDRES | SS | | | | | |
| | 51 | 200 | 37 | 23a. E | BURIAL, CREMATION, REMO | DVAL | 23b DATE | 23¢ N | AME OF C | METERY OR | CREMATORY | 23d. LOCATION | | | | |
| | ВР | | | | Burial | | 12-01-1986 | RE | estlav | n Memo | rial Pk | Cumberlanc | | edan | | STATE |
| | | 1 - 16 60M | | 24 FI | UNERAL DIRECTOR | Y P | AC | DDRESS | 63 | | 25a DAT | E REC'D. BY REGISTRAR 251 | . REGISTRA | R'S SIGN | ATURE | |
| | (, | VRA 15, 4 |) | | James F. Sca | rpel | li, Cumberl | and, | MD 2 | 1502 | Little () | 3 1986 / 1 | Timber | 200 (60) | | |

| | | | | 88.0 | 188 | | | | | |
|---|----------|-------|-------|--------|--------|----------|-------|-------|--|--|
| 1 | | V014- | | | 31.107 | | | | | |
| | | | | | 371 | | Like | | | |
| | | ija - | | | | | | | | |
| | | | Janes | da Pia | 2 to 1 | marikoo. | CHAIR | Semo | | |
| | SER 1101 | 1 10 | | | YÇTOJÖ | | | JYRA: | | |
| | | | | | | | | | | |
| | LATI | | | tade | 222 19 | | | | | |









| | Sant Av | CONTROL OF THE | | | | DETTA S | THE I |
|---------|----------|----------------|-----------|-------------|------|---------|---------|
| 0.00 | | | | | ,ild | AMPON | THE THE |
| | | | | | | 8.145 | |
| | wrough w | (A) EGE | | | | | |
| | | | 41 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | 21x-11-4050 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | 4 | | | | | |
| | | | | | | | |
| METS DA | | 2 '34 li nui | 37 717 78 | | | | |
| | | | | | | | |

0

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LDECEASED NAME LAST FIRST 2a. DATE OF DEATH 26. HOUR (TYPE OR PRINT) 10:30p 11/21/86 Helen B Bvers 3. SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAY YEAR female white 05 12 TE. BIRTHPLACE (STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTRY USA Allegany Co Penna. WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR Frostburg Community Hospital Honenaker Own Home Frostburg, MD USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 59 W Main St 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 21532 Allegany Frestburg YES X NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Mc Allister Simpson Neula David ADDRESS 140 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT EIF YES, GIVE WAR OR DATEST 213 22 4021 William B. Byers, Same as 13e No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 amaria & Co. Conditions, if ony, which gove rise to immediate couse (a), stoting underlying couse lost. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 115 CERTIFICATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF LES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 210. ACCIDEN NAMES UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY

211 LOCATION

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

CITY OF TOWN

COUNTY STATE

770.1 certify that (I) (this hospita

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

NOT WHILE

48 Tarn Terrace, Frostburg MD 21532

230 BURIAL, CREMATION, REMOVAL Burial

FOR

23c NAME OF CEMETERY OR CREMATORY

Circle Hill Cemetery Punxsutawney,

24. FUNERAL DIRECTOR

Dur st Funeral Home. Frostburg. Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

0

MPORTANT

and the contract of 1251 David L. Simonom Louis Street of distance . Bross, stee at his The district Conset while Franchic does, Personner, in. 1904 25 1866 June Labor Person

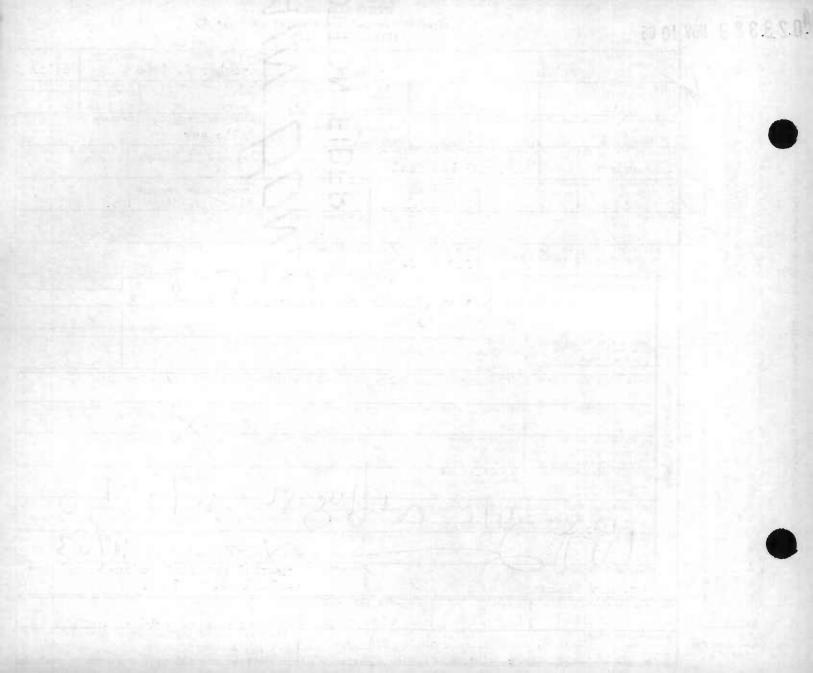
(VRA 15, 4)

STATE OF MARYLAND

to the first the second of the

· Det. (The Liver, comments that the state of

| 3389 NOV | 10- | FOR STATE REGISTRAR | DEPAR | STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | REG. NO. |
|--|---------------|--|--|--|--|
| | | EASED NAME PHIST | WEOLE | LAST | 26 DATE OF DEATH MONTH DAT YESE 26 HOUR |
| 3 55 / | 12 | ALLEN | N LEO | CESSNA | November 2, 1986 6:15 |
| 000 | 3. SE) | | 4. RACE | 5. DATE OF BIRTH | AGE (MYCARS LAST BRINDAY) |
| 4 94 10 | 1 | Male | White | Nov. 30, 1911 | 7.4 YRS. |
| 8 40 21 | 7n. Bi | RTHPLACE (STATE OF FOREIGN | 7% CITIZEN OF WHAT COUNTR | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF DEATH |
| 1 1127 | | aryland | U.S.A. | WIDOWED DIVORCED | |
| 1110 | 10. C | mberland | 11. NAME OF HOSPITAL, NURS | SING HOME OR OTHER INSTITUTION IT ADDITION | 126 USUAL OCCUPATION THE OF WORK FOR MOST OF WORKING (#1) INDUSTRY |
| 1 1 200 | USU/ 13a S | TATE TIME COUR | OTHER HISTITUTION, GIVE RELIGENCE BET | ORE ADMISSIONS DWN \$134. INSIDE CITY LIMITS? | 134 STREET ADDRESS / ZIP CODE |
| 25 Sep 27 | | | egany Cumber | | 311 Broadway St. 21502 |
| 1 22 1 | | THER'S NAME | All I was a | 15. MOTHER'S MAIDEN N | AME |
| ald and all all all all all all all all all al | 1 | James | W. Cess | na Marth | a F. Cook |
| 8 0 0 | | AS DECEASED EVER IN U.S. AR | MED FORCEST 166 SOCIAL SE | TO BUT THE STATE OF THE STATE O | ADDRESS |
| a do | (0) | NO IF YES, GP | 220-10 | -4856 Louise Ces | ssna_ same as 13a-e. |
| equites that I n signed by I Then please or to buriel, on injury, or other | NOI | | | O DEATH BUT NOT RELATED TO THE TER | IMINAL DISEASE OR CONDITION GIVEN IN PART Tra- |
| the law on | CERTIFICATION | 19s DATE OF OPERATION | 1% CONDITION FOR WHI | CH OPERATION WAS PERFORMED | 20s. AUTOPSY® 20s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES □ NO □ |
| ding physical at a certificate of ce | 100 | 23s. ACCEDENT WAS UNDERLYING ON CONCREMINITING CAUSE OF DE | ATH HOUR A.M. MONTH | DAY YEAR | IRRED ENTER NATURE OF SHADE OF THEM IS PART I CREAKET TO |
| PHYSAC andreas a buriel dgr her | MEDICAL | 714 INJURY OCCURRED | 21s. PLACE OF INJURY (AT HOME STREET, FACTORS, OFFIC | TH LOCATION | cita oktodyn cohista rze |
| The Same | 2 | AFWORK AFON TA | Section Country of the Section of th | 11400 | 1.1.21.0 |
| Sp 555 g | | 22s.1 certify that (1) (this hasp | ital) attended the deceased from | | 5 10 11 0 18 0 161) 1 (we |
| ADING PHY Loc after this use as the b seath and N | | province A 7.1 C. L. Co., indisplay Ch. L. L. Landing, and | | | |
| N D G T E | | sow the decochast Social | ot view the body after death. | | in death occurred on the date and hour and from the courses state |
| 28 ATTEND 1 hospital o 18ECTOR A ched for use hept of Hed term 21 is m | | province A 7.1 C. L. Co., indisplay Ch. L. L. Landing, and | ot view the body after death. | DEGREE | IN PATE SIGNED |
| DR ATTEND 1 hospital o 198ECTOR, a ched for use then 21 it hed them 21 it m | | sow to become didner | of view the body after death. | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN |
| DR ATTEND hospital or precTOR. A ched for vise hept of Head feer 21 is med | | sow to become didner | of view the body after death. | DEGREE ATTENDING PHYSICIAN 1774 ADDRESS Maps | MEDICAL STAFF DRECTOR PHYSICIAN DOTIAL Hospital Medical Buildin |
| DR ATTEND 1 hospital o 198ECTOR, a ched for use hept of Head them 21 it med | | sow the december to go adorn (ii) will What didney | Onesser! | DEGREE ATTENDING PHYSICIAN 1774 ADDRESS Maps | MEDICAL STAFF DIRECTOR PHYSICIAN |
| OR ATTEND ne hospital o DIRECTOR, A oched for use Dept of head | | 224 PHASCIANS NAME OF THE SURIAL CREMATION REMOVAL | S | DEGREE ATTENDING PHYSICIAN 1774 ADDRESS Maps | MEDICAL STAFF DIRECTOR PHYSICIAN DORACTOR BUILDING Derland, MD 21502 |
| 28 ATTEND 1 hospital o 18ECTOR A ched for use hept of Hed term 21 is m | | SOW OF DECEMBER OF THE SOUND OF THE STREET O | s | DEGREE ATTENDING PHYSICIAN 27e ADDRESS Mepro | MEDICAL STAFF DRECTOR PHYSICIAN DO DE PHYSICIAN DE PHYSIC |
| TO HOSPITAL DR ATTEND returned by the hospital of TO FUNESAL DIRECTOR should be detected for use with the State Dept of Heal IMPORTANT, if hem 21 is m | | Dr. Guy Fiscustrial, CREMATION, REMOVAL | s 23h DATE 11/5/86 2 | DEGREE ATTENDING PHYSICIAN PHYSICIAN Cuml NAME OF CEMETERY OF CREMATORY Sunset Mem. Par | MEDICAL STAFF DRECTOR PHYSICIAN DO DE PHYSICIAN DE PHYSICIAN BUILDING DE PHYSICIAN DE PHYSICIAN BUILDING DE PH |



| 023688 NOV | 18 | EOR BIATE | | | | MENT OF | HEALTH | | ENTAL H | | | 3 | 0 | 2.0 | 1 | |
|---|---------------|---|------------------------|--|---|---------------------------------------|----------|---|----------------|-------------|------------------------|----------------|---------------|---|------------|--|
| 10 | 1. DE | REGISTRAR CEASED NAME | FIRST | WE | MIDDLE | EXAMIN | ER'S | ERTIFIC | CATEO | | | REG. NO. | | 211 | | |
| ₩ ~; · · · · S ⊢ · | | E OR PRINT) | | hard | 1 | | CI | nase | | 2 | OF ES | STI- | 11-0 | 04 ₁₉ 86 | 11125 | |
| CTOP FILES TREET | 3. SE) | (| RACE | 5. DATE OF BIRTH | | 6. AGE (IN YE | RS IF UN | | IF UNDER | | DATE | | | DAY YEAR | 24 HOUR | |
| DIRE OUR ON STA | | male | white | 11-15- | 1917 | 68 YE | 14,0141 | HS DAYS | HOURS | MIN. P | DEAD DEAD |) | 11-0 | 04 1986 | 15:20 | |
| S NECESSARY, PLEASE FILINERAL DIRECTOR. E 5 F.D. YOUR FILES. D. WITHIN 72 HOURS | | RTHPLACE (STA REIGN COUNTRY) WV | ATE OR | 76. CITIZEN OF W | | ITRY? | | AARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTIDOWED Allegany | | | | | COUNTY | | MD. | |
| SEQ ES | 10. CI | TY OR TOWN C | | 11. NAME OF HO | SPITAL, NU ACILITY, GIVE S OTAN | RSING HOME REET ADDRESS) AVENUE | , OR OTH | THER INSTITUTION 120. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE) | | | | ON TYPE OF | WORK 12t | WORK 126. KIND OF BUSINES OR INDUSTRY Glass Ind | | |
| 2 Sept. 1 | | AL RESIDENCE (I TATE MD | 13b. COUNT All | or other institution, of ty Legany | 13c. CITY | BEFORE ADMISSION OR TOWN | | 13d. INSIDE C | ITY LIMITS? | 13e. STREE | appress 8 Mora | n Aver | nue/2 | 21502 | | |
| RE. | 14. F/ | ATHER'S NAME | | Chase | | LAST | | 15. MOTH | R'S MAIDE | N NAME | ora Al | | | LAST | | |
| BALTIMORE, SA AFIER DEA GIVE PAGES ITH FORM P PAGES I AN | 16a. V (Y | VAS DECEASED ES, NO. OR UNKNOW YES | EVER IN U.S. ARA | MED FORCES? | d Forces? PORDATES) 100. SOCIAL SECURITY NO. 17 INFORMANT ADDRES 220-10-8718 Mr. Brad S. Chase, Port | | | | | | ortsmo | RESS | | | | |
| HOURS HOURS M 18. G MG WIII. P ENE, DIN | | 18. CAUSE OF PART I DEA | ATH WAS CAUSED | ly one cause per lin DBY: TE CAUSE (a) | e far (a), (b ART |), and (c).) ER IJOSC] | EROI | IC HE | ART D | ISEAS | E | | | APPROXIMAT BETWEEN ONSE | E INTERVAL | |
| AL RECORDS, 201 W. PRESTON ST., BALTIMOR JULD BE EXECUTED WITHIN 24 HOURS AFTER DE O"PENDING" IN PENCIL IN ITEM 18. GIVE PAGE IEF MEDICAL EXAMINER ALONG WITH PORM SED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AI F HEALTH AND MENTAL HYGIENE, DIVISION OF AL. CREMATION, OR REMOVAL. | | gave rise cause (a) s lying cause | | (b) | R AS A CON | ISEQUENCE C | F | OP CONDITION | N GIVEN IN PAR | PT 1 to | | | | | | |
| VITAL RECORDS, SHOULD BE EXECORD CHIEF MEDICAL E USED AS A BUIL TOF HEATH AN URIAL CREMATI | CERTIFICATION | 196. DATE OF C | | | | WHICH OPER | | | | | | | | 20 AUTOPSY | ? X | |
| OF ATE WEN WEN WEN WEN WEN WEN WEN WEN WEN WE | | | ☐ OR G ☐ CAUSE OF D | | A. MONTH | DAY YEAR | 21c. Ho | OW INJURY | OCCURRE | D LENTER NA | TURE OF INJURY I | N ITEM 18 PART | f 1 OR PART 2 | YES 🗆 | KKON | |
| DIVISION BIVISION IN WARDED TO SPARE OF SHOOK OF STATE OF | MEDICAL | 21d. INJURY OC WHILE AT WORK | | | OF INJURY TORY, FARM, E | | | TREET | | | CITY OR TOWN | | COUNT | 14 | STATE | |
| TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE ST. BALLIMORE, MARYLAND, 2 | | death resulted | Prove | e af the remains de al causes XX. | Accident | D, Sui | Autap | TITLE (SI | | Undeter | Inquiry Immined manner | | DATE | 11-5 | -86 | |
| TO ME EXECU PAGE AFTER BALTIN | 23a.Bl | EXAMINER'S N (TYPE OR PRINT JRIAL, CREMATI) PECIFY | ON BEMOVALIA | | 23c. h | NAME OF CEN | ETERY O | RCREMATO | RÝ | 234 100 | ve, Cu | | and, | MD 21 | 502 ATE | |
| BP | | Buria | | 11-07-198 | 36 H: | illcres | t Bu | | | | nberlar | | llega | iny MD | AIE. | |
| DHMH - 17 (VR A15 ME (5)) 15M 2/80 | 2.10 | NAME | | elli, Cur | mberla | and, MD | 215 | | NOV 2 | LU 10 | egistrar 25 | in Dem | | Padres | | |

823E44 C1014

and the daily and the second s

| 1 1 0 NOV 18 | 3 06 | FOR - STATE REGISTRAR | | DEPARTMENT OF | E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH | GIENE 3 5 | 302 | 0 8 |
|---|---------------|--|---|------------------------------|--|--|---|-------------------------------------|
| 12003115 | 1. DE | CEASED NAME FIRST | WIDDLE | | LAST | 20 DATE OF DEATH MONTH | DAY YEAR | 2b. HOUR |
| Poge 3 | 1 | EVE | LYN R.ach | nael COLE | EMAN | November 13, 1 | 986 | 8:30 A |
| 4 mo | 3. SE | | 4. RACE | 5. DATE (| | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS | R IF UNDER 24 HRS |
| uge 4 | | Female | White | Feb | 5, 1914 | | rrs. | |
| h. Po | 70. B | IRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT CO | DUNTRY? 8. | D NEVER MARRIED | 9. BALTIMORE CITY OR CO | JNTY OF DEATH | |
| deot |) | Maryland | USA | WIDOW | | Allegany | | М |
| of the f |) | mberland | 11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, O Memorial Ho | GIVE STREET ADDRESS) | OR OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Retired | | of Business of |
| De in Be | USU | AL RESIDENCE (IF NURSING HOME | OR OTHER INSTITUTION, GIVE RESIDE | ENCE BEFORE ADMISSION) | | | -11 | -, |
| 24 | | | egany Cur | nberland | 134 INSIDE CITY LIMITS? | Rte 5. Wind | | / 215 |
| thin thin | | ATHER'S NAME | | | 15. MOTHER'S MAIDEN NA | ME | | |
| P de la | 1 3 | Tames Washin | ngton Sha | nk | Mary | Frances | DeVor | e |
| | 16a | WAS DECEASED EVER IN U.S. | ARMED FORCES? 166 SOC | IAL SECURITY NO. | 17. INFORMANT | ADDRESS | | 21502 |
| T ROBERT | | NO OR UNKNOWN) (IF YES, | | -07-5908 | Leola M. S. | aville - Cum | berland | , MD |
| | | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU | only one couse per line for (a SED BY: ATE CAUSE (a) | Denote | to Fa | elve ' | | XIMATE INTERVAL NONSET AND DEATH |
| low requires that the de s been signed by the ort rmit. Then please remov perior to burial, arematical | CERTIFICATION | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION | CHF | TING TO DEATH BUT | NOT RELATED TO THE TER/ | | N GIVEN IN PART) IF YES, WERE FIND ERTIFYING CAUSE | INGS USED |
| The laction. | 1 2 | | | | 10. | YES NO | YES 🗌 | NO 🗌 |
| ZXOOTO | GE I | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E | DEATH HOUR A.M. MOI | NTH DAY YEAR | ZIE HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITE | M 18 PART I ORPART 2) | |
| G PHYS | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE LEGISLATION OF THE LEGIS | P.M. 21e. PLACE OF INJUR (AT HOME, STREET, FACTOR | Y RY, OFFICE, FARM, ETC.) | 211. LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| NDIN l or of use os teolth | | 22a. I certify that (It (this has | | | 1-6 , 19 8 | C, to H - 13 | | , that (we) lo |
| ATTENI spitol CTOR: for us of He | | saw the deceased alive obove (II) we) (did) did | on 11- /2 | 19 56, o | nd that in (my (our) opinion | death accurred on the date on | d hour and from the | e couses stated |
| ral OR A y the hos tal DIREC detoched ote Dept. | | 22b. SIGNATURE | Mor | - | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF | 11 | ESIGNED |
| TO HOSPITAL (retained by the TO FUNERAL I should be deton with the State I IMPORTANT: If | | Dr. Anthony E | | | 27e ADDRESS 955 Cumbe | Frederick Str. erland, MD 2150 |)2 | |
| D = E # 3 ₹ | 23a | BURIAL, CREMATION, REMOVA | | 23c. NAME OF C | CEMETERY OR CREMATORY | 23d. LOCATION | COUNTY | STATE |
| BP | | Burial | 11/15/86 | Rose F | Hill Ceme. | Cumberlan | | |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 24 F | John J. Haf | er, Jr. La | Wale, M | | TE REC'D. BY REGISTRAR 25b. RI | EGISTRAR'S SIGNA | |

DHMH - 16 60M 7/84

0

BP

(VRA 15, 4)

(SPECIFY)

BURIAL

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY ROCKY GAP VET

STATE OF MARYLAND

23d LOCATION CEMETERY CIMBERIAND ALLECANY

COUNTY

STATE

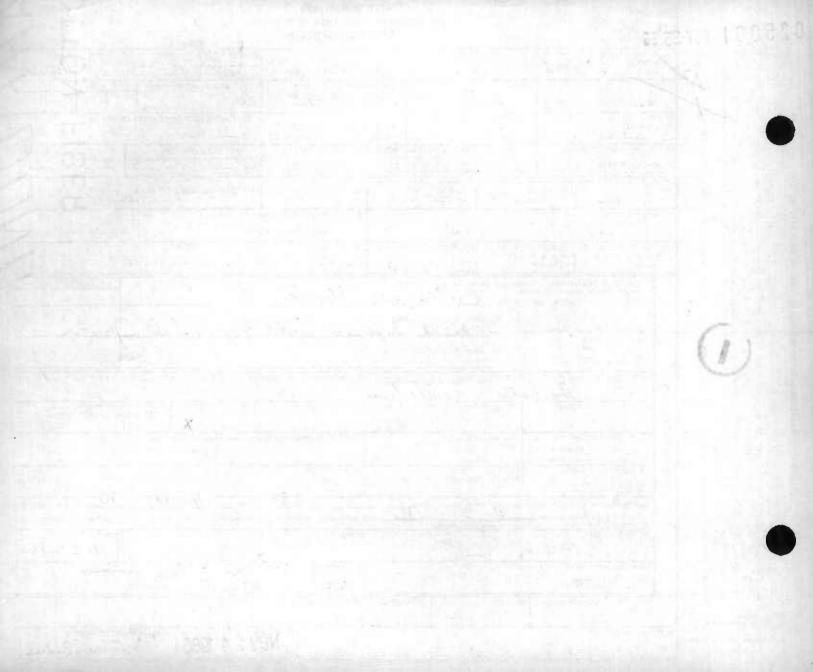
NO [

2h HOUR

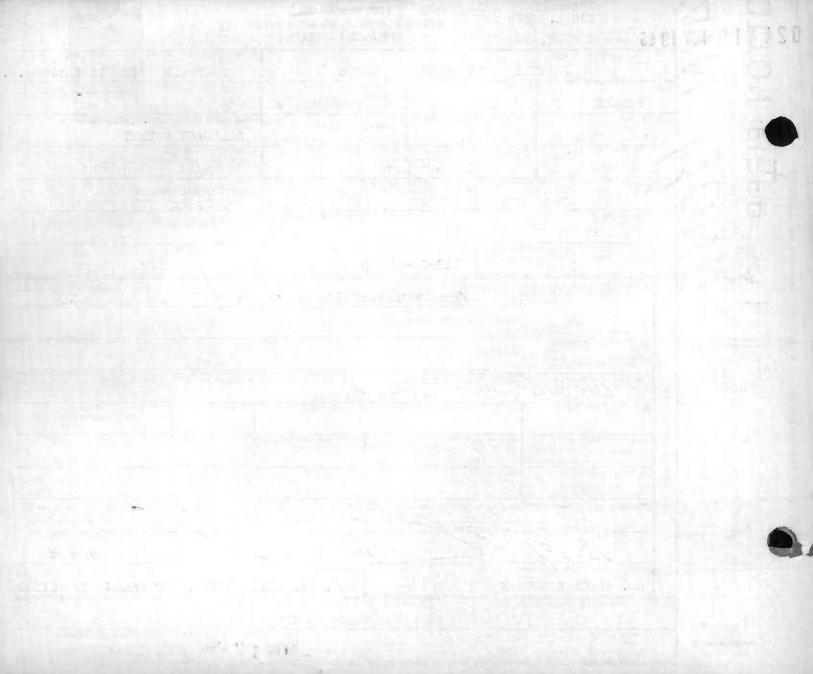
4:30A

IF UNDER 24 HRS

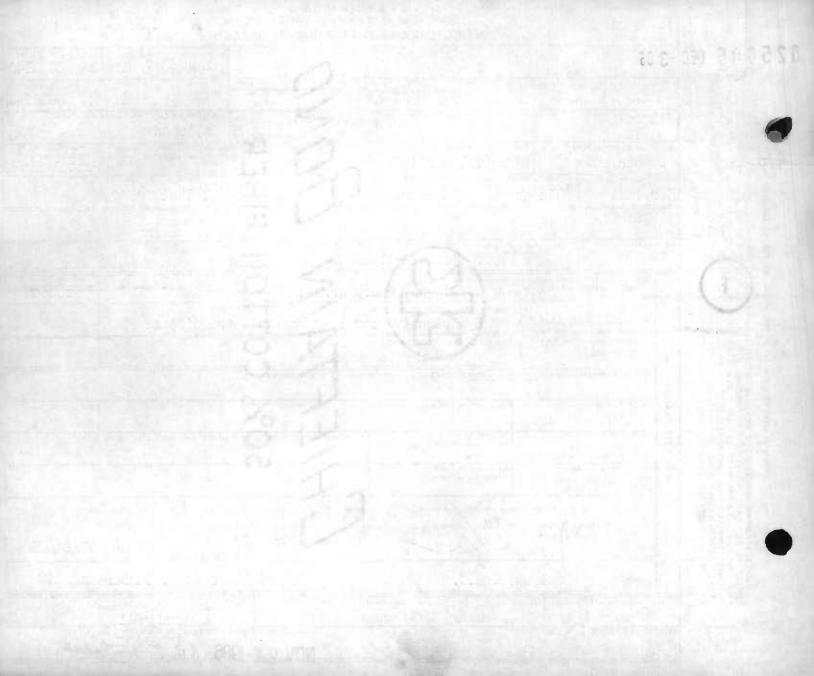
24 FUNERAL DIRECTOR SILCOX-MERRITT FUNERAL HOME CUMBERLAND, MARYLAND



| | | | 1 | SHAFFERS 230 E. I | | | | OF MARYLAND | | **** | 3 3 | 1 1 |
|----------------------------|---|--|---------------|---|---|---|---------------------------|--|----------------------------|---|---------------|-----------------|
| 02 | 2441 | NON P | 19 | FOR 250 E. I | | DEI ARTI | | EALTH AND MENTAL HYG ICATE OF DEATH | | 0 | UZ | 10 |
| | | | 1. DE | CEASED NAME FIRST | | MIDDLE | | AST | REG. NO | | YEAR | 2b HOUR |
| | oy be | | (TYPE | JUAN: | ITA V | VIRGINIA | CI | ROCK | NOVEMBI | ER 12 | 1986 | 5:40 amm |
| | том. | D | 3. SE | X | 4 RACE | | 5. DATE C | FBIRTH | 6. AGE (IN YEARS LAST BIR | JHDAY) IF U | INDER I YEAR | IF UNDER 24 HRS |
| | ge 4 | 5 | | FEMALE | White | е | MONTH | 12 DAY 19 YEAR 21 | 64 | YRS. | The Dails | mile. |
| 1 | orth. Po | TO STOCK | 1 | RTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY? | | NEVER MARRIED | 9. BALTIMORE CITY O | _ | DEATH | |
| | fune fune | | _ | Vest Virginia | U.S. | | WIDOWE G HOME C | DIVORCED DIVORCED | 120. USUAL OCCUPATI | | 12h KIND OF | MD. BUSINESS OR |
| 102 | Soft Soft | | 100 | Cumberland | Sacre | ed Heart B | dospi | | Housewife | | Home | |
| BALTIMORE, MARYLAND 212 | n 24 hou filled in | 25 | 13a : | AL RESIDENCE (IF NUR ING HOME OF STATE NO. 11 COURT Hamps | VIY | GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Romney | admission) N | YES NO 💢 | 13e.STREET ADDRESS / | | 2675 | 9999 |
| MARYL | ed within | 10/4 10/4 | 14 F/ | THER'S NAME Clarence | MIDDLE | Hott LAST | | 15. MOTHER'S MAIDEN NA/ Vallie | ME | Po. | Land 1AST | |
| MORE, | execut or and to | looling and a | | VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI | MED FORCES? /E WAR OR DATES) | 213-24- | | 17. INFORMANT Lena M. McDon | ADDRE | | | 6726 er WV |
| 201 W. PRESTON ST., | to low requires that the death certification is the offending phy | permit the base remove coronpoper and the price of the pr | CERTIFICATION | 18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CAUSE INC. 19a. DATE OF OPERATION | DUE TO, O (b) DUE TO, O (c) CONDITIONS CO | ONTRIBUTING TO E | NCE OF NCE OF DEATH BUT | NOT RELATED TO THE TERM | | DITION GIVEN 20b. IF YES, WIN CERT IFYIN | IN PART To | GS USED |
| DIVISION OF VITAL RECORDS, | OING PHYSICIAN: To or otherding physici | alth and Memol Hygi | MEDICAL CER | 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 Certify that (1) (1445-105) | HOUR A. P. 21e. PLACE (AT HOME, ST | .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, FA | | 216. HOW INJURY OCCURE 216 LOCATION STREET | RED (ENTER NATURE OF INJUI | | COUNTY | STATE |
| • | O HOSPITAL OR ATTENIONED by the hospital O FUNERAL DIRECTOR | with the State Dept. of the | | saw the deceased alive or above, (1) (was idded) (did as 27%. SIGNATURE 724. PHYSICIAN'S NAME (TYPE OF THE BEH) | DR PRINT) | | 8 ,01 | DEGREE ATTENDING | MEDICAL STAT | FF CIAN 🗍 | 22c. DATES | SUGNED |
| 20 | Q & P | 3 8 | | BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | 11/14/ | /86 Inc | | emetery or crematory Mound Cemetery | 7 Romney | Hampsi | ounty nire | WV |
| 1/ | DHMH /16 (VRA | 60M 7/B4 | 24 F | Shaffer Funer | n S. Sha al Home, | affer ADDRESS Romney, | WV 2 | 26757 - NOV | E REC'D. BY REGISTRAR | .0 000 | R'S SIGNATU | |



STATE OF MARYLAND - STATE REGISTRAR REG. NO DECEASED NAME KNOWN ESTI-JOHN DAUGHERTY DEATH MATED 4. RACE 2d HOUR DATE 58 VDC PRONOUNCED Male Cau 24 , 86 2146 DEAD BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY! MARRIED X NEVER MARRIED Allegany MD IB. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Memorial FOR MOST OF WORKING LIFE)
Clerk OR INDUSTRY Cumberland Postal Serv. 13. 508 Talbot /21502 Allegany 13d INSIDE CITY LIMITS? Maryland YES X PRESTON ST., BALTIMORE, MD. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Robert A. Daugherty Bessie L. Kinser 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 218-24-8131 Mrs. Virginia A. Daugherty, Cumberland, MD CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) Cardio-pulmonary arrest PART I DEATH WAS CAUSED BY: sudden IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Hypertensive cardio-vascular heart disease Conditions, if any, which cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost Hypercholesterolemia PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE HERD ATH, WITH THE STATE BALLIN RE, MARYLAND, 2120 X death resulted fram: Notural couses Homicide L Undetermined manner TITLE DIETY 11/24/86 ACTUAL SIGNATURE MEDICAL EXAMINER Paul Snow, M.D. Memorial Hospital, Cumberland Md EXAMINER'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 11-28-1986 St. Marys Cemetery Cumberland Allegany MD 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** James F. Scarpelli, Cumberland, MD 21502 (VR A15 ME (5))



| | | FOR | DE | | OF MARYLAND EALTH AND MENTAL HYG | IFAIR And Co. | 2 0 0 | 1 0 | |
|--|---------------|---|--|-----------------------------------|--|--|--|-----------------------------------|--|
| 21007 11011 01 | 1- | STATE REGISTRAR | DEF | | ICATE OF DEATH | | 0 0 6 | d sales | |
| 2 4 8 9 / NUV 24 | | CEASED NAME FIRST | MIDDLE | · · | AST | REG. NO. 20. DATE OF DEATH MONTH | DAY YEAR | 2b. HOUR6:30 | |
| nay be page 3 | (ITPE | ORA | MAYE | DAY | | November 16, | | Р.м | |
| | 3. SE) | | 4 RACE | 5. DATE C | | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS | IF UNDER 24 HRS. | |
| oge 4 urs at | | female | white | | 08-11-1900 | 86 YR | | | |
| deoth. P. | | RTHPLACE (STATE OR FOREIGN POWNTRY) | 76. CITIZEN OF WHAT COUP USA | WIDOWE | | 9. BALTIMORE CITY <u>OR</u> COUNTY OF DEATH Allegany | | | |
| 7 50 | C | | 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Memorial Hosp | pital & N | | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN NOUSEWIFE | 12b. KIND OF INDUSTRY OWN | NOME | |
| AND 212 AND 212 Filled in golfd be chefols | 13a. S | AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN MD All | other institution, give residenc ITY 136. CITY OF Egany Cumb | e BEFORE ADMISSION) R TOWN ETLAND | 13d INSIDE CITY LIMITS? | 130.STREET ADDRESS / ZIP CO | ay Avenue, | /21502 | |
| MARYU TO TO | 14 FA | THER'S NAME | n Leasure | ST | 15. MOTHER'S MAIDEN NAA | Malinda Äaron | LAST | | |
| IMORE, | | VAS DECEASED EVER IN U.S. AR/ (ES, NO OR UNKNOWN) (IF YES, GIVE | E WAR OR DATES) | 6-9685 | Mrs. Carol St | ADDRESS Newbridge, Cumb | perland, N | MD | |
| that the definition is a shall also be that the definition of by the artifacting plantical plantical common about the common and the traumatic event, the common traumatic event, the | | Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. | D BY: E CAUSE (0) DUE TO, OR AS A CON (c) | PORATO SEQUENCE OF | LENT (| CVA | 60 | Lay | |
| At RECORDS, 2 The law require that has been signs to permet Them a perme prior to bus hows any injury. | CERTIFICATION | PART 2. OTHER SIGNIFICANT C | 196 CONDITION FOR V | | N WAS PERFORMED | 200 AUTOPSY? 206. IF IN CEI | YES, WERE FINDING CAUSES OF THE TRANSPORT OF THE TRANSPOR | IGS USED | |
| N OF VIT | MEDICAL CE | 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | P.M. | H DAY YEAR | | ED (ENTER NATURE OF INJURY IN ITEM | 18 PART I OR PART 2) | | |
| DIVISION OF MG PHYSELI of the thick of the burdel of the burdel of the burdel | MED | WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C | | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE | |
| ATTENDI April o ACTOR A 1 for use of Head | | 22a.1 certify that (1) (this haspit saw the deceased alive on abaves (1) (we) (did vaid not | tal) attended the deceased (| 7 ¹⁹ , or | | teath occurred on the date and | , 19, to have and from the c | har (I) (we) last auses stated | |
| AL OR , the he defined by the he defined by the he defined by the he defined by the transmission of the transmission between the transmission betw | | 22b. SIGNATORE | lan Fa | un | DEGREE ATTENDINGS PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 221. DATE S | 17-86 | |
| HOSPIT med by class of the Second | | 22d. PHYSTCIAN'S NAME (TYPE OF | | | | ial Hospital M | | ilding | |
| 0 t 0 t x | 220 0 | Dr. William I | 23b. DATE | 123, NAME OF C | Cumber Cu | erland, MD 2150 | 2 | | |
| BP | | SPECIFY) Burial | 11-20-1986 | | st Burial Park | 4.4 | Aflegany | / MD | |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | DAMES F. Scarpe | lli, Cumberla | DRESS | 250, DATE | 9 State State Day | | | |

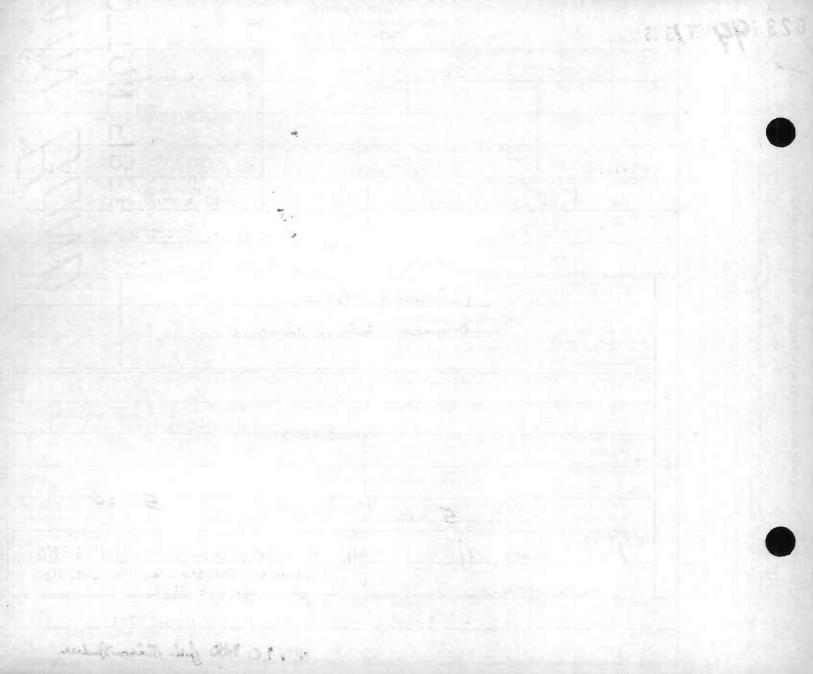
121017 NOV 24 05 1 ARPERATION MURITINESSES BERGERT CVA ACA Later Some periodical section of the

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO I. DECEASED NAME 2g. DATE KNOWN (TYPE OR PRINT) OF ESTI-IF ANY DELAY IS NECESSARY, PLEASE, AND 31 OTHE FUNERAL DIRECTOR.
- RETAIN PAGE 5 FOR YOUR FILES.
SHOUND BE PILED, WITHIN 72 HOURS.
I RECORDS), 201 W. PRESTON STREET, Raymond J. Decker DEATH MATED 19 86 a M 3 SEX 4 RACE 5. DATE OF BIRTH A AGE LIN YEARS IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED male white 11-01-1912 74 1986 DEAD To. BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Allegany WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Cumberland 802 Stewart Avenue retired Tire Co. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13b. COUNTY 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MD Allegany Cumberland 802 Stewart Avenue/21502 YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Albert Decker Estella Kight 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. DIVISION HEYES GIVE WAR OR DATES! No 217-10-4898 Mrs. Donna Harris, Cumberland. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HEALTH AND MENTAL HYGIENE, L. CREMATION, OR REMOVAL. IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT CORONARY ARTERY DISEASE Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (# V CERTIFICATION 19 B. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? USED 20 AUTOPSY? E CHIEF BE USED YES | DEPARTMENT 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH P.M EXECUTE THE CERTIFICATE, WINTINGS APPGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 SHE AFTER DEATH, WITH THE STATE DEPAIR BATTMORE, MARYLAND, 21201 PRICE 21d. INJURY OCCURRED 21. PLACE OF INJURY 211, LOCATION (AT HOME. STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinian death resulted fram Natural causes Hamicide Undetermined manner ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME G. Mastrangelo Seton Drive, Cumberland, MD 21502 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION STATE Burial 11-15-1986 Sunset Memorial Park Cumberland Allegany BP 24 FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH - 17** James F. Scarpelli, Cumberland, MD 21502 (VR A15 ME (5)) 15M 2/80

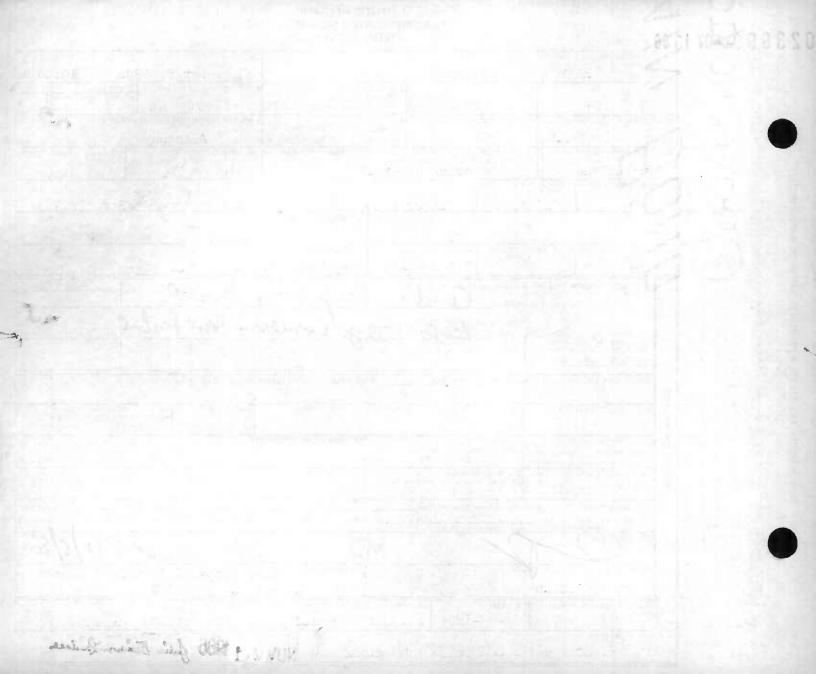
TO THE PARTY OF TH

| | | | | | | | | | | MARYLA | | | | | | | | |
|-------------------|--|---------------|---------------------------|------------------------------------|-------------|---------------|--------------|--------------------|--------------|----------------|-----------------|--------------------|-------------------------|----------------|----------------|----------|-----------------------|-----------------------|
| 024 | GOD HOW | 25 | FOR STATE | | | | | RTMENT OF | | | ENTAL H | YGIENE | 5 0 | | 3 0 | 1 60 | 1 | 44 |
| 2 4 | O 3 O MUY | | STATE REDISTRAR | | | M | | LEXAMI | NER'S | | CATEO | F DEA | TH | REG. N | | | | |
| 0 | | 1. DE | CEASED NAME FOR PRINT) | FIRST | | | MIDDLE | | | LAST | DEMDO | 2 | a. DATE I | ESTI- | MONTH X | DAY | YEAR | 26 HOUR |
| | ASE LESS CET, | | | JAMES | | | | VIEL | | | DEMPS | | DEATH | MATED | _ , , | | 986 | 2005 _M |
| | PLEAS BECTOR R FILES HOURE STREET | 3 SEX | | 4. RACE | S. DA | | Y YEA | | DAY) MON | NDER 1 YR. | IF UNDER 2 | | RONOUN | CED | HTMOM | DAY | YEAR | 2d HOUR |
| | NOUS TONS | 01 | ale | Cau | | 11 9 | 29 | 57 | YRS. | | | | DEAD | | 11 | | | 2005 _M |
| | ESS HERE | 7a. BI | RTHPLACE (ST | ATE OR | 76. CI | ITIZEN OF | | UNTRY? | 8 MARI | RIED NE | | D | | | OR COUN | TY OF DI | EATH | |
| | NECESSAR FUNERALD 5 FOR YO WITHIN Y | | nnsylva | | | US | | | WIDO | | DIVORCE | | | llega | | | | MD. |
| 1 | SHR HE | | TY OR TOWN | | (1F | F NOT IN SUCH | FACILITY, GI | NURSING HOA | AE, OR OT | HER INSTITU | TION | 12a USU/ FOR MI | AL OCCUP OST OF WORK | ATION (T) | YPE OF WORK | 12b KIN | D OF BUS | SINESS Y |
| + | DELAY IS TO THE F N PAGE BE FILED OX 201 | | umberla | | | | | spital | | 50 ES | | Repa | irman | & Pa | ainter | Aut | tomol | oile |
| 2 | ANN DE ANN DE RETAIN RECORD RECORD | 135,6 | A RESIDENCE | IF IN NUMBER OF | YTMUK | | 13c. C | ITY OR TOWN | SION) | 13d. INSIDE C | ITY LIMITS? | 13e. STRE | ET ADDRE | 55 | | 6 | ROM | 220 |
| - 5 | ANN RETAIN SHOULD SHOUL | (| Ohio | | Sumi | mit | Ak | ron | | YES X | NO [| 15 | 93 S | unset | Ave. | 1 | 11 | 77 |
| WD | TARREN! | 14. FA | THER'S NAME | | MIDDI | | MILT. | LAST | | | ER'S MAIDEN | | MI | DDIE | | L | AST | |
| ORE. | ASS. SOLL | | | ames D | | | | | | | Myrtl | e Pu | llins | _ | | | | |
| IMC | AN SERVICE DE LA CONTRACTION D | 16a. V (Y | VAS DECEASEL | WN) (IF YES, O | GIVE WAR OR | DATES) | | SOCIAL SECUR | | 17. INFOR | | | | ADDRES | | | ughte | er |
| -3 | SAN | | Yes | 1 | Korea | n | 30 | 00-22-7 | 512 | Mrs. | Shirl | ey A | nn Be | ck, No | orton, | Oh | 10 | |
| 12 | E. D. W. | | 18 CAUSE O | F DEATH (Enter | ronly one | couse per l | , ,, | | 2 | | | | | | | BETW | ROXIMATE EEN ONSET | INTERVAL AND DEATH |
| | N 24 HO N ITEM 1 ALONG IT PERM IT PERM IYGIENE | | TAMIT DE | | DIATE CAU | | | liac arı | | | | | | | | | Suc | den |
| PREST | | | Candisias | is, if ony, wh | Tale (| DUE TO, | | ONSEQUENCE | | | | | | | | | | |
| | | | gove ris | e to immedi | iote) | (b) | | nary a | | heart | disea | ase | | | | | year | S |
| 201 W. | UTED WITHI IN PENCIL I EXAMINER SIAL - TRANS ON MENTAL H | | lying cou | stoting the <u>unc</u> se lost. | der- | DUE TO, | OR AS A C | ONSEQUENCE | OF | | | | | | | | | |
| S, 20 | NO A HON | | | | - (| (c) | | | | | | | | | | | | |
| 000 | MEDICA MEDICA MEDICA AS A BU CREMAI | z | | | ONS CONTRIB | UTING 10 OEA | I TON TUB | RELATED TO THE TEI | RMINAL OISEA | SE OR CONDITIO | N GIVEN IN PART | T1:0- | | | | | | |
| RECORDS, | E SHOULD BE EXECUTED W WORD "PENDING" IN PEN CAMPE MEDICAL EXAMILE BE USED AS A BURIAL TR NI OF HEALTH AND MENT BORIAL, CREMATION, OR | CERTIFICATION | 19a DATE OF | betes | | Lies Con | | OR WHICH OPE | B. VIGNIA | | | | | | | | | |
| N. | SHOUL ORD "F CHIEF E USED TOF H | N S | 170. DATE OF | OFERATION | | 198. CON | DITION FO | DR WHICH OPE | KATION V | WAS PERFOR | MED? | | | | | | JTOPSY? | 11 |
| <u> </u> | WORD WORD WORD BE US BE US BORIA | ETI | 21a EXTERNA | L CAUSE WAS | | 71h TIAAF | OF INJUR | v | 1216 - | IOW INJURY | OCCURRED | | | | | | ES 🗌 | NOZX |
| 0 | FICATE SI THE WO TO THE COULD BE RETMENT OR TO BO | | UNDERLYING | OR | | | | TH DAY YE | AR ZIC | IOW INJURT | OCCURRED |) (ENIEKN) | ATURE OF INJ | JRY IN ITEM II | 8 PART I OR PA | RT 2) | | |
| DIVISION OF VITAL | | MEDICAL | 21d. INJURY C | G CURRED | OF DEATH | | P.M. | JRY (AT HOME. | 121f 1.C | OCATION | - | | | | | | | |
| N | VRITING VRITING VROED VROED GE 3 SI GE 3 SI TE DEB | ME | | | | | ACTORY, FAR | | | STREET | | | CITY OR TOV | VN | co | UNTY | | STATE |
| | PAG PAG 212 | | AT WORK | AT WORK | | | | | | | | OTE | | | | | | |
| | NER: THI CATE, W FORWA TOR: PAC THE STA AND, 213 | 71 | 22a. 1 certif | y that I took cl | orge of the | e remains | described o | bové, held on | Auto | psy . | Inspection | X, | Inquiry | <u>₽</u> • | and in my op | oinion | | |
| - | MERCHES | | death resulte | from: N | atural cou | ses / A. | Accide | ent L, S | uicide | J. Homic | ide L. | Undeter | rmined mo | nner 🔲 | | | | |
| • | A SEGRE | | ACTUAL | Th | 2/ | / / | | / | | TITLE (S | PECIFY) | | | | DATE | 1 | 1/1/ | 106 |
| | SHEE HE | | SIGNATURE_ | 1 | 2/ | 1 | 1 | | ^ | M.D | Dpty | MEDIC | CAL EXAM | INER | SIGNE | D | 1/14 | / 00 |
| | DECUTE THE CAGE 4 SHOULD FOR FUNERAL INFORMATION OF THE DEATH, MAITIMORE, MAI | 1 | EXAMINER'S | NAME D. | 2 [11 | now. | M.D. | | | Mo | moria | 1 Hos | en C | umbov | hand | Md 2 | 1502 | |
| 1 121 | DO MEDIO ESCECUTE PAGE 4 I TO PUNE AFTER DE BALTIMO | 77. 91 | (TYPE OR PRIN | | | | | Be. NAME OF C | CALETERY | | | | | umber | Tanu | riu Z | .1302 | |
| 1/10 | 000 | (5 | Burial | IOIN, KEMOVA | | 19-19 | 986 | Greenl | awn N | demoria | al Par | 23d. LOC | KION | | Summit | YTY | STA | TE |
| 1 /254 | 18/-7 | | | TOR | | | | | - | | 25a DATER | ECD. MA | | A.P.P. | | Beel | Ohj | LU |
| | DHMH - 17 (VR A15 ME (5)) | | NAME Jan | nes F. | Scarp | elli | Ess Clim | berland | Ma | 7.500 | NOV 1 | 3 in | 00.9 | ALL THE | March 4 | 1 | | : |
| | (111 113 114 (3)) | | | | F | , | - CANIL | octiand | · Ma | 41.502 | | | 0 | 1 | | | | |

| SCarpelli | | | | | STAT | E OF MARYLAND | | | 9 |
|---|---------------|---|---------------------|--|-------------------------------|-------------------------------|--|---|--|
| 23699 NOV | 31 | STATE REGISTRAR | | DEPAR | | ICATE OF DEATH | GIENE 👸 👸 | 5 U 2 | 4 1 4 |
| me me | | CEASED NAME FIRST | MID | OLE | | AST | 2a. DATE OF DEATH | MONTH DAY YEAR | 26 HOUR8:1 |
| y be | | GRACE | | BIRD | | DORN | November | | A. M |
| r. po | 3. SE. | (| 4. RACE | | 5. DATE (| | 6 AGE (IN YEARS LAST BIR | MONTHS DAYS | |
| recto | | female | white | | | 9-10-1911 | 75 | YRS. | |
| Juneral di | | RTHPLACE { STATE OR FOREIGN OUNTRY} | 76. CITIZEN OF WI | | WIDOWI | - 44 | Ā | R COUNTY OF DEATH | MD |
| by the fu | | TY OR TOWN OF DEATH Cumberland | (IF NOT IN SUCH F | Momori | ET AODRESS) | pital | 128. USUAL OCCUPATI (TYPE OF WORK FOR MOST OF TET. SUPET | OF WORKING LIFE) INDUSTRY | of BUSINESS OR pital |
| AND 21; | 13o. S | AL RESIDENCE (IF NURSING HOME COTATE NO ALL | legany | ve residence befo Br. CITY OR TO Cumbe I | ore admission) wn cland | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS Byrd Ave | zip code enue/21502 | |
| MARYI. | 14. F | THER'S NAME FIRST ASBUTY R | . Bird | LAST | | 15. MOTHER'S MAIDEN NA | Anna Mae Poi | | LAST |
| MORE, | | | IVE WAR OR DATES) | SOCIAL SEC | | 17. INFORMANT | ADDRI | | 1 140 |
| ALTIM | | no | | 20-30-8 | | Mrs. Josephi | ne Manthely | | O, MU OXIMATE INTERVAL N ONSET AND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate, be executed within 24 hours catending physician. Wher this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers, Roges 1 and 2 should be fit the and Mental Hygene prior to burial, cremation, or removal. The angle shows any injury, or other traumorific event, the medical expanger massible in arrest to the medical expanger massible in the strength of the strength | | 18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last. | DUE TO, OR A | AS A CONSEQ COTUMO AS A CONSEQ | UENCE OF | Edema | earl | 96177(5) | NONSEL AND DEATH |
| RECORDS, 20 law requires I ss been signed e-mit. Then ple e-prior to burie s exprision to burie | CERTIFICATION | PART 2. OTHER SIGNIFICANT | | | | NOT RELATED TO THE TERM | 20a AUTOPSY? | 20b. IF YES, WERE FIND IN CERTIFYING CAUSE | DINGS USED |
| TAL The cion cion sit p gren show | RTI | 21g. ACCIDENT WAS UNDERLYING | 21b. TIME OF | L I I I I I I I I I I I I I I I I I I I | | Tal. How by hope occur | YES NO | YES 🗌 | NO 🗌 |
| ON OF VII | MEDICAL CE | OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED | HOUR A.M. | MONTH | DAY YEAR | 21c HOW INJURY OCCUR | | | |
| IVISIG PH offen the ser the ser the ser the conditional recorder the service of t | WE | WHILE NOT WHILE D | (AT HOME, STREE | T, FACTORY, OFFICE | E, FARM, ETC) | STREET | CITY OR TO | OWN COUNTY | STATE |
| RATTENDIN hospital or RRECTOR: Afi hed for use o ept. of Health tem 21 is man | | 22a. certify that (1) (this has | 0 11- | 19 | 0/ | nd that in (my) (aur) apinion | death occurred on the d | ote and hour and from th | , that (I) (we) lost he causes stated |
| 5 0 0 0 € | | 4 4 1 | mer, | 1 | | | MEDICAL STA | FF CIAN 11- | TE SIGNED |
| TO HOSPITAL retoined by the TO FunEral should be det with the Stork | | Dr. R. B | arrera | <i>y</i> | | | rland, MD 2 | l Medical Bu 1502 | ilding |
| BP | | Burial, cremation, remova Burial | 236. DATE 11-08- | | | er Paul Cemete | 23d LOCATION CITY OF TOWN ETY Cumber1 | and Allegai | ny MD |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | JNERAL DIRECTOR James F. Scarp | elli, Cumb | perland | , MD 2 | | 4001M1 0 | 25b. REGISTRAR'S SIGNA | |



STATE OF MARYLAND



| | | | | | | | | | ARYLAND | | | | | 2 - |
|---|---|---------------|----------------------------------|--|----------------|-----------------------|------------------|---------------|-------------------------|--------------|---------------------------|-----------------------|------------------------|---------------|
| 172 | 8 2 0 NOV | 1- | FOR STATE | | | | | | AND MENTA | HYGIEN | 5 0 | 3 (|) 2 | 11 |
| 0 2 3 | O Z U NUV | 13 | RESISTRAR | | | MEDICAL | EXAMIN | IER'S C | ERTIFICATE | OF DEA | TH RE | G. NO. | | |
| | | I. DE | CEASED NAME E OR PRINT) | FIRST | | MIDDLE | | | LAST | | 2a. DATE KNOW OF ESTI- | | DAY YE | |
| | ASE OR. JRS | 4 | | MABEL | | THERESA | | | /ALL | | DEATH MATE | D NO. | | 6 / A.M |
| | EGE E | 3. SEX | MALE | 4. RACE | 5. DATE OF E | BIRTH DAY YEAR | 6. AGE (IN YE | | | | 2c. DATE PRONOUNCED | MONTH | DAY Y | EAR 2d. HOUR |
| | PIRA OUI | LL | ATALIC. | WHITE | | 29 1902 | | RS. | I DATS HOOKS | MIN | DEAD | NOV 9 | 19 8 | 36 7:30 M |
| | ESS. | | RTHPLACE (ST | TATE OR | 76. CITIZEN | OF WHAT COU | VTRY? | B. MARRI | ED NEVER MA | RRIED 🗆 | 9. BALTIMORE C | ITY OR COUN | ITY OF DEATH | d |
| | DELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. N PAGE 5 FOR YOUR FILES. BEFIRED, WITHIN 72 HOURS DS, 201W, PRESTER STREET, | | MARYLA | | US | | | WIDOW | 4343 | RCED | ALLEGA | YVV | | MD. |
| P | SHR S | 10. C | TY OR TOWN | OF DEATH | (IF NOT IN S | F HOSPITAL, NU | | E, OR OTH | ER INSTITUTION | 12a. USU | AL OCCUPATION | TYPE OF WORK | 12b KIND OF OR INDU | BUSINESS |
| | DELAY 3 TO TH N PAG DS 20 | | CUMBER | | RF# 4 | OLDTOWN | N ROAD | BOX | £ 220 | HOUS | EWIFE | | | |
| 100 | | 13a. S | | (IF IN NURSING HOME OF | Y | | OR TOWN | ION) | 13d. INSIDE CITY LIMITS | 113e STRE | ET ADDRESS | 21 | 501 | |
| 21201 | AAADOO | MA | RYLAND | ALLEG | ANY | CUM | BERLANI |) | YES NO | | #4 OLDTO | WIN ROA | BOX | |
| QW OW | ESTANDO | 14. F/ | ATHER'S NAME FIRST | | MIDDLE | | LAST | | 15. MOTHER'S MA | IDEN NAME | MIDDLE | | LAST | |
| - E | DEAT OF A MEAT | | GEORGE | | Α. | ZIMME | | | MARY | | U. | | DAVIS | |
| IIW | FTER DE FORM FORM JON OF | 16a. \ | VAS DECEASEI ES, NO, OR UNKNO | DEVER IN U.S. ARA | VAR OR DATES) | ? 16b. SO | CIAL SECURIT | YNO. | 17. INFORMANT | | | RESS | MTA 226 | 730 |
| TY. | JRS AFTER B. GIVE P. WITH FO T. PAGES DIVISION | | NO | | | 210 | 5-60- | 131/1 | IARY MACK | ERETH | FAIRFAX 10833 VE | RDEVI | STA DA | LAF |
| | DURS 18. G WIT. P. | | 18 CAUSE O | F DEATH (Enter and ATH WAS CAUSED | y ane cause p | er line for (a), |), and (c).) | 1 | 4. | 1 | 1. | | | MATE INTERVAL |
| N N | A HERA | | PARTIOL | IMMEDIAT | | AYI | enos | 2016 | XO/1C | Car | -cliove | as cul | 91 | |
| ESTC | NOV WOV | | C Pri | 9 81.8 | DUE TO | O, OR AS A COM | SEQUENCE | OF | | | | | | |
| a. | VITH VITH SAN REF | - | gave ris | ns, if any, which se to immediate | (b). | | Sea | 56 | • | | | | | |
| > | AEN THE | | cause (a) lying cau | stating the <u>under</u> - se last. | DUE TO | O, OR AS A CON | NSEQUENCE | OF | | | | | | |
| 5. 20 | ND ARIA | | | | (c)_ | | | | | | | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. | NER; THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W OR, PACE 3 HOULD BE USED AS A BURIAL. RRANSIT PERMIT. HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. | z | PARE 2 OTHER SIG | GNIFICANT CONDITIONS C | ONTRIBUTING TO | OFATH BUT NOT REL | ATEO TO THE TERM | UNAL DISEASE | OR CONDITION GIVEN IN | PART 1 (a). | | | | THE |
| Ŭ | ANEL ANEL CRIT | CERTIFICATION | 19a, DATE OF | OPERATION | 1101 (| ONDITION FOR | WHICH ORE | ATION W | AS PERFORMED? | | | | Tee Tee | |
| 3 | SHOULD ORD "PE CHIEF A E USED A DE HEA | FIG | INC. DATE OF | OTERATION | 170 C | ONDITION FOR | WINCHOPE | ATION W | A3 PERFORMED: | | | | 20 AUTOR | |
| > | TO THE TANK | E | 21a, EXTERNA | L CAUSE WAS | 21b. TI/ | ME OF INJURY | | 121c HC | W INJURY OCCUR | DED LENTER N | ATLIBE OF BUILDY BUILD | 'Est 10 DADE 1 00 D | YES L | Ххои |
| Ö | AH HOWE | | UNDERLYING | OR | HOU | R A.M. MONTH | | 2 210 110 | W INJURY OCCUR | KED (ENIEKN | ATURE OF INJURY IN II | EM 18 PART I OR P | ART 2) | |
| S | SHO SHO | MEDICAL | 21d INJURY C | NG CAUSE OF D | | P.M. ACE OF INJURY | 19 (AT HOME. | 21f LOC | ATION | | | | | |
| N | S CE RITIII RDEE | ME | WHILE | NOT WHILE AT WORK | STREE | ET, FACTORY, FARM, E | | | REET | | CITY OR TOWN | CC | OUNTY | STATE |
| | THIS WARI WARI PAGE 2120 | | AT WORK | ATWORK | | | | | | | | | | |
| | A H S S H S | | . 22a. I certif | y that I taak charge | af the remai | ns described abo | ve, held an | Autaps | y . Inspec | tian 1. | Inquiry , | ond in my a | pinian | |
| | EXAMI CERTIFIC JLD BE DIRECT WARYLA | | death resulte | ed fram: Nature | al causes | I. Accident | L, Su | rcide | Hamicide | , Undete | rmined manner | <u></u> | | |
| | AA WAN | | ACTUAL | 1300 | 11811 | A77 VI | ul- | - | TITLE (SPECIFY) | 7 | | DATE | alan. | 0/8/ |
| - 715 | SE SHE | | SIGNATURE_ | 174 | rices | to p | ye | M. | D. Defice | MEDI | CAL EXAMINER | SIGN | ED JUOU | 7/84 |
| | MEDIC CUTE TI SE 4 SF FUNER TIMORI | | EXAMINER'S | NAME DR. | FRANC] | ISCO REY | TEC . | | / | | | | | |
| | TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P ARTER DEATH, WITH THE ST BATTMORE, MARYLAND, 2 | 73a BI | (TYPE OR PRIN | | b. DATE | | | | CREMATORY | T23d 100 | CATION | | | |
| 07.12 | | (5 | PECIFY) DITD T AT | | 111-111- | | | | | CITYO | RTOWN | | UNIY | STATE |
| 07/84 25M | 01 | 24 FI | BURIAT | TOR | OV 13 | 1986 DAY | /IS MED | <u>IORTAI</u> | CEMETER | | | LLEGAN REGISTRAR'S | | AND |
| | DHMH - 17 (VR A15 ME (5)) | | STLCO | K-MERRITT | FI MER | DDRESS | CE CIN | IRERI / | AND MARYL | NUV | 1 2 198 | Auti | a Divide | n. Fandani |
| | (-)/ | | 511002 | · " TTTTTTTTT | T OTATTA | | COL COL | | מוז הישורו היי | עואגו | | - | | Married and |

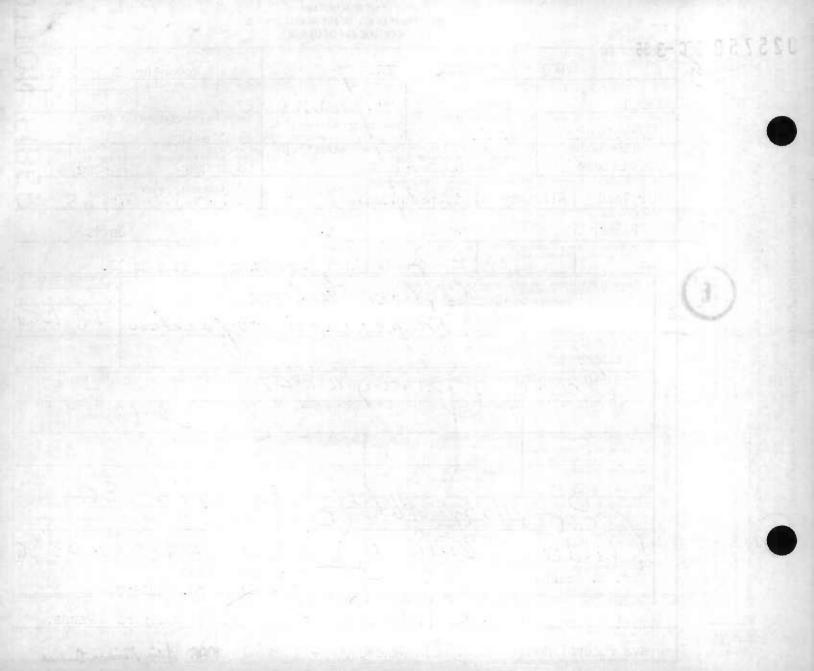
Progress and the second of the

| 001 | | - 1 | | | LLI FUNERAL HO | | E OF MARYLAND | | | | |
|----------------------------|--|------|---|--|---|---------------------------|--|--|--|--|--|
| 024 | 2 4 4 NOV | / 18 | 165 | FOR 108 VII STATE REGISTRAR CUMBERI | AND, MD 2. | PARTMENT OF LEGISLATION 1 | HEALTH AND MENTAL HYC FICATE OF DEATH | REG. NO. | 30210 | | |
| | | Ī | | EASED NAME FIRST | MIDDLE | | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR | | |
| | may be poge 3 | | (TYPE | MAR. | E ELIZABI | ETH 1 | ELFRITZ | NOVEMBER : | 11, 1986 5:45 A.M | | |
| | nay pog er d | | 3. SEX | | 4 RACE | 5. DATE | OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS | | |
| | 4 9 9 | | | FEMALE | white | MON | H 12 DAY 15 YEAR 28 | 57 YR | MONTHS DAYS HOURS MIN. | | |
| | . Page | 1-3 | | THPLACE (STATE OF FOREIGN | 76. CITIZEN OF WHAT COU | INTRY? 8 | ED X NEVER MARRIED | 9 BALTIMORE CITY OR COUN | | | |
| | Jeoth. | 0 | M. | MD | USA | WIDOW | | ALLEGA | ANY COUNTY MD. | | |
| 35 | by the fu | 2 | | Cumberland | 11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GN SACRED | | | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN NOUSEWITE | 126 KIND OF BUSINESS OR INDUSTRY OWN home | | |
| MARYLAND 212 | 24 hourst be must be | 3 | USUA 13a. S | L RESIDENCE (IF MURSING HOME O | NTY 13c. CITY C | | 1138 INSIDE CITY LIMITS? YES NO | 13e.STREET ADDRESS / ZIP CO | Strial Blvd./21502 | | |
| RY1/ | 2 sh | 11 | 4. FA | THER'S NAME | WIDDLE | AST | 15. MOTHER'S MAIDEN NA | | LAST | | |
| W | be de la | | | Charl | es Raymond Jo | nes | S ¹ | tella Virgʻinia B | 3loss ' [^] | | |
| BALTIMORE, | ond cond cond cond cond cond cond cond c | 1 | | (AS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) (IF YES, GI | UE MAIN COR CATEGO | -28-9600 | 17 INFORMANT | ADDRESS | | | |
| TIM | the Te | / . | | mberland, MD | | | | | | | |
| 201 W. PRESTON ST., B | es that the deoth cerificate ned by the ottending-physic please remave carban pape uriol, cremation, ar removol , or other troumatic event, th | | | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. | DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) | NSEQUENCE OF | Keles Lets Brusel | all disease or condition | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | |
| RDS, | equire in signi in tabu | | <u>N</u> | | | | | | | | |
| DIVISION OF VITAL RECORDS. | The low rician. te has bee sit permit. giene prio | 9 | CERTIFICATION | 19a DATE OF OPERATION | 196. CONDITION FOR | WHICH OPERATION | | YES NO | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO | | |
| 1 OF VII | PHYSICIAN: Thending physicic this certificate the buriol-transit ad Mental Hygie d or tem 18 sho | 7 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINE | ATH HOUR A.M. MONT | TH DAY YEAR | 21¢ HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM | 18 PART I OR PART 2) | | |
| VISION | O = = = 0 0 | | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, | OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE | | |
| | Z - 0 5 - 5 | | | 220.1 certify that (I) (this hasp | | | - 28 , 1986 | | . 19 6 , that (I) (we) last | | |
| | TT ppt | | sow the deceased alive an 19 , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. | | | | | | | | |
| | TO HOSPITAL OR A retained by the hospital TO FUNERAL DIRECTOR should be detoched with the State Dept. | | | 226. SIGNATURE | Me leas | u la | ATTENDING PHYSICIAN D | MEDICAL STAFF DIRECTOR PHYSICIAN | 22c. DATE SIGNED | | |
| | FUN old b | / | | DR. MEHANN | | | | I DOTTE CIMERO | AND MD 21502 | | |
| | sho sho | /- | 73a RI | JRIAL, CREMATION, REMOVAL | | 123c NAME OF | CEMETERY OR CREMATORY | DRIVE, CUMBERI | LAND, MD 21502 | | |
| | BP | - 3 | (3 | Burial | 11-13-1986 | | Memorial Cem. | Cumberland | Allegany MD | | |
| | DHMH - 16 60M 7/1 | | 24. FU | NERAL DIRECTOR | | | | TE REC'D. BY REGISTRAR 25b. REG | | | |
| | (VRA 15, 4) | - | | James F. Scarpe | elli, Cumberî | and, MD : | 21502 NOV | 1 4 1986 1 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |

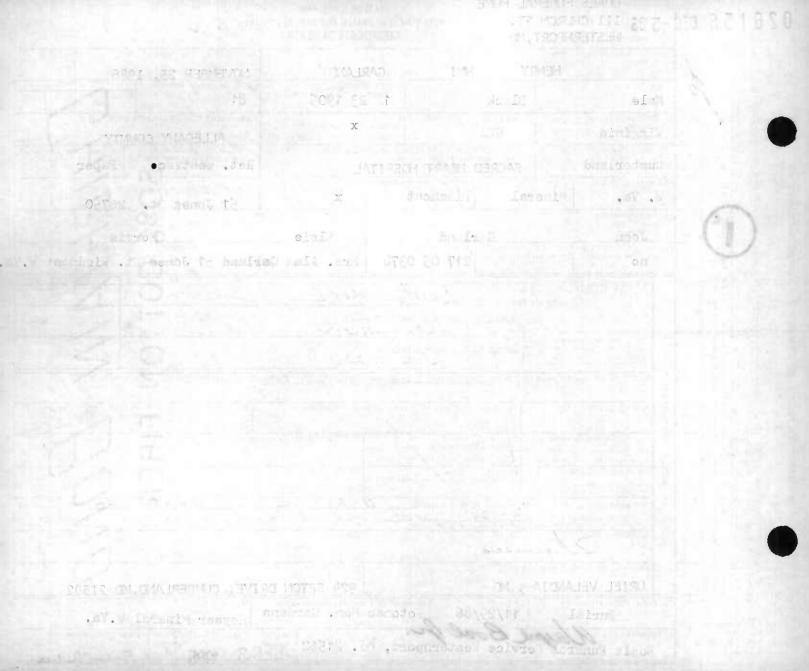
A STATE OF THE SECOND S

Controporte alcorda Anterouder Town By some Upp. CE blechay 58 8-11 18 18-11 18 8-11 Nomenty Or . . . 144-3-2-23 114 05 05 VOK

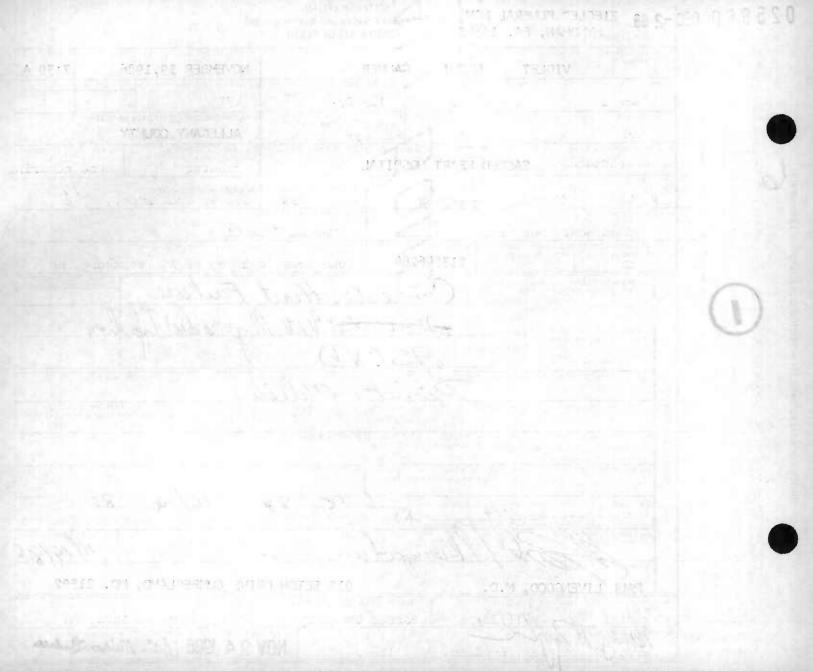
STATE OF MARYLAND



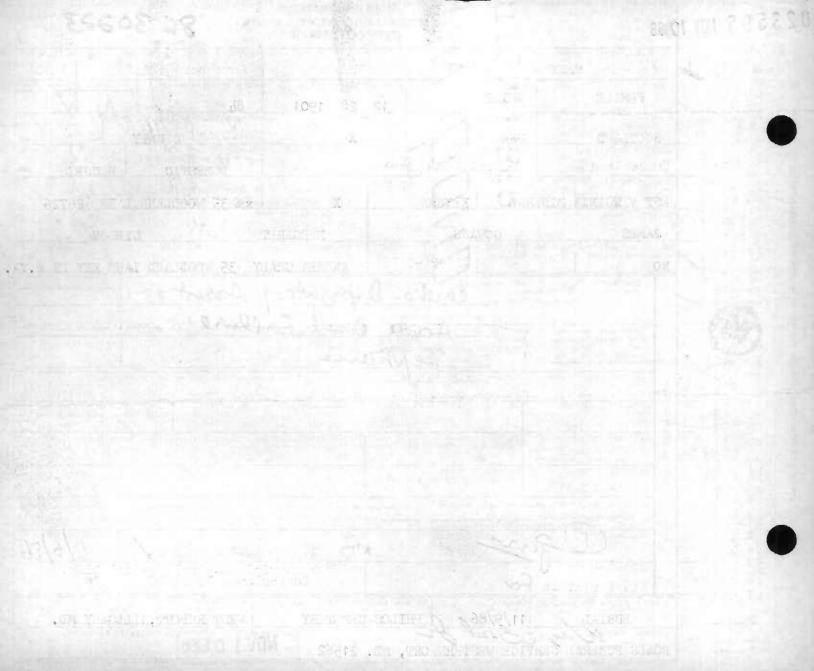
| 0 1 5 5 | 1 | BUALS | | AL HOME | | STAT | E OF MARYLAND | | |
|--|---------------|---|-------------------|----------------------------|---------------------------------------|------------------|--|---|---|
| 6 1 5 5 DEC | 75 | FOR 111 CH | | | DEPARTA | | EALTH AND MENTAL HYG ICATE OF DEATH | 0 0 | 0 2 2 |
| / | I. DE | CEASED NAME | FIRST | | WIDDLE | | AST | REG. NO. 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| e e e | {TYPE | OR PRINT) | HENR | Y | NMI | GΛ | RLAND | NOVEMBED OF 1 | |
| hoy be | 3. SE: | X | | I. RACE | IALIT | 5. DATE O | | NOVEMBER 25. 19 | 986 IF UNDER 1 YEAR IF UNDER 24 H |
| 4 94 | | ale | | Black | | | 23 1905 YEAR | 81 YRS. | MONTHS DAYS HOURS M |
| nerol direct | 7a. BI | RTHPLACE (STATE OR F COUNTRY) Irginia | FOREIGN 7 | b. CITIZEN OF USA | WHAT COUNTRY? | MARRIE WIDOWI | D NEVER MARRIED DIVORCED | 9. BALTIMORE CITY OR COUNTY ALLEGANY COL | |
| by the fu | C | TY OR TOWN OF DEA | | SACRE | HEART H | OSPITA | OR OTHER INSTITUTION | 12a USUAL OCCUPATION CTYPE OF WORK FOR MOST OF WORKING LIF Ret. Westvace. | 126. KIND OF BUSINESS INDUSTRY Paper |
| State of the state | 130.5 W | AL RESIDENCE (IF NURS | Miner | OTHER INSTITUTION | GIVE RESIDENCE BEFORE Piedmont | | 13d. INSIDE CITY LIMITS? YES NO [| 130 STREET ADDRESS / ZIP CODE 51 Jones St. | 26750 999 |
| | 14. FA | ATHER'S NAME | | IDDLE | LAST | | 15. MOTHER'S MAIDEN NA | | |
| 1 1 1/2 | 17 | John | M | | rland | | Elsie | 44 | ris \ |
| | | WAS DECEASED EVER | | NED FORCES? | 166 SOCIAL SECU | | 17. INFORMANT | ADDRESS | 1.10 |
| 0 0 PE 5 | · · | no or unknown) | (IF YES, GIVE | WAR OR DATES) | 217 05 0 | 378 | Mrs. Alma Ga | rational 51 Jones S | t. Piedmont V |
| death certificat ottending physic ove corbon pope tion, or removal oumatic event, t | | PART I. DEATH W | IMMEDIATE | CAUSE (o) | RASA CONSEQUE | NCE Of | H. I | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEA |
| that the d d by the oil ease removial, cremotial | | gove rise to imm couse (a), statin underlying couse | nediote ig the | DUE TO, O | R AS A CONSEQUE | | ۵ | | |
| quires signed hen pl to buri | Z | PART 2. OTHER SIGN | NIFICANT CO | ONDITIONS CO | ONTRIBUTING TO I | DEATH BUT | NOT RELATED TO THE TERM | NINAL DISEASE OR CONDITION GIV | EN IN PART To |
| on. hos been t permit. I ten prior ows ony ii | CERTIFICATION | 190. DATE OF OPERA | TION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | IN CERTII | S, WERE FINDINGS USED FYING CAUSES OF DEATH? |
| PHYSICIAN: The ending physicio this certificate he buriol tronsit in different la short of them 18 short of | | 210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC | CAUSE OF DEAT | " | OF INJURY M. MONTH DA | AY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18. I | PART (OR PART 2) |
| ottending ter this cer is the burion h and Ment | MEDICAL | 21d INJURY OCCURE | RED | 21e. PLACE | OF INJURY REET, FACTORY, OFFICE, F | | 21f LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| ATTENDIN ospitol or ECTOR: Af of for use of t. of Health m 21 is mo | | 22a.1 certify that (1) sow the decease above, (1) (we) (c | ed olive on_ | 11-2 | 19 8 | 36 , | nd that in (my) (our) opinion | death accurred on the date and hou | 19_86_, that (1) (we) |
| OR e he | | 22b. SIGNATURE | lac | rele | | | | MEDICAL STAFF DIRECTOR PHYSICIAN | 22c. DATE SIGNED |
| TO HOSPITAL retoined by th TO FUNERAL should be deto with the Store IMPORTANT: II | | URIEL VEL | | | | | 22e ADDRESS | TVE CUMARIEM AND | |
| BP | | BURIAL, CREMATION, [SPECIFY] Buria | REMOVAL | , MD 23b. DATE 11/29 | /86 Po | NAME OF C | 1 924 SEION DE EMETERY OR CREMATORY Mem. Gardens | RIVE, CUMBERLAND, 23d LOCATION CHYOR TOWN Keyser Mineral | |
| DHMH - 16 60M 7/84 (VRA/15, 4) | 24 FI | Boals Fune | luyn ral Se | l Bo | Westerno | ort, M | d. 21562 250. DAT | E REC'D. BY REGISTRAR 256. REGIST | |



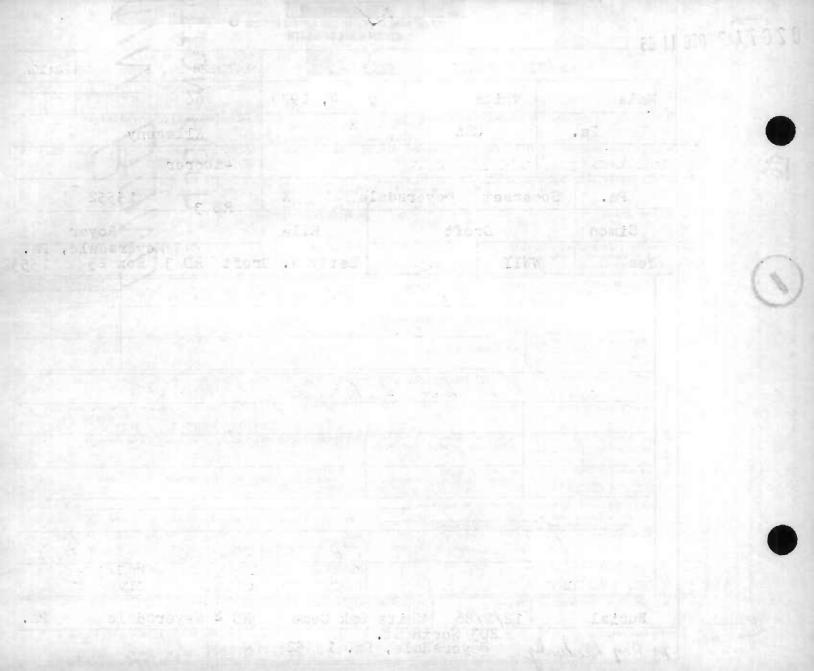
| 025660 DE | 072 | ZIEGLER FU | NERAL HOME DEPART | MENT OF HEALTH AND I | MENTAL HYGI | ENE 8 0 3 | 0 % | 2 2 |
|--|---------------|--|---|-----------------------------------|------------------------|---|-----------------------------|-----------------------------------|
| | 1.06 | CEASED NAME FIRST | MIDDLE | LAST | DEATH | REG. NO. | | |
| o 6 4 | | EORPRINT) VIOL | THIS SEC | GAUMER | 197 | 20. DATE OF DEATH MONTH DA | | 2b HOUR |
| nay be page 3 | 3. SE | | E I NAUMI | 5. DATE OF BIRTH | | NOVEMBER 19,1986 6 AGE (IN YEARS LAST BIRTHDAY) IF | UNDERTYEAR | 7:30 A _M |
| ige 4 . | | Female | Caucasian | 12/20/14 | YEAR | 71 YRS. | DNIHS DAYS | HOURS MIN. |
| leath. Pour meral diin 72 hau. | 70. B | IRTHPLACE (STATE OR FOREIGN COUNTRY) MD | 7b. CITIZEN OF WHAT COUNTRY USA | MARRIED NEVER A | MARRIED - | 9. BALTIMORE CITY OR COUNTY OF ALLEGANY COUNTY | | MD |
| by the fu | 2 | Cumberland | 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE SACRED HEART HO | SPITAL | TITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Laborer | INDUSTRY | BUSINESS OR acturing |
| BALTIMORE, MARYLAND 21: | S 13a. | W. VA Mine | rother institution, give residence before NTY 134. CITY OR TOV | | NOXX | 13e.STREET ADDRESS / ZIP CODE Silver Tree Apts | s., RT | 19999 |
| withii withii | 14. F | | MIDDLE LAST | | S MAIDEN NAM | MIDDLE | LAST | |
| E, MAF | | James Henry B | | Mar | tha Jan | ne Clay | CASI | |
| ORE execu | | WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV | /E W/AR OR DATES! | | | ADDRESS | | |
| be o be or rs. Po | _ | no | 2132462 | 564 John | Loar, E | Box 98, RT 3, Fros | | |
| W. PRESTON ST., by the department of the departm | | PART I. DEATH WAS CAUSE | All one couse per line for (3.7 b), and (5.8 b), and (5.8 b). DUE TO, OR AS A CONSEQUENCE (b). DUE TO, OR AS A CONSEQUENCE (c). | gestier 1 | Heart 10uts // | Facture Nyocardial Gla | tion | MATE INTERVAL |
| ouires signed ren pluma burit, oury, o | z | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED | TO THE TERMI | NAL DISEASE OR CONDITION GIVEN | IN PART IO | |
| een iit. Th | | 190 DATE OF OPERATION | 196. CONDITION FOR WHICH | LOCATION WAS BEDE | eller | 200 AUTOPSY? 20b. IF YES. | MEDE EINIDIN | |
| A REC | CERTIFICATION | DATE OF OFERATION | 170. CQADINON FOR WHICH | OFERATION WAS PERFO | DKMED | | WERE FINDING NG CAUSES C | OF DEATH? |
| DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The law requires the attending physician. After this certificate has been signed to sthe burack-transit permit. Then pleas the and Mental Hygiene priar to burial, and Mental Hygiene priar to burial, and mental Hygiene priar to burial, and mental Hygiene priar to burial. | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | | AY YEAR | JURY OCCURRI | ED (ENTER NATURE OF INJURY IN ITEM 18 PAR | | |
| DIVISION DING PHYY or attendin After this e as the bu olth and M marked or | MEDICAL | 21d. INJURY OCCURRED WHILE OCCURRED AT WORK AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | FARM ETC) 21f. LOCATIC STREET | NO | CITY OR TOWN | COUNTY | STATE |
| ATTENDI aspital ar ECTOR: A d for use f. of Heali | H | 220.1 certify that (I) (this haspi saw the deceased alive an | tal) attended the deceased from | 86, and that in (my) | (aur) apinian di | eath accurred an the date and haur a | 86, th | hat (I) (we) last auses stated |
| Al OR AL DIRE letache bite Dep | | 22b. SIGNATURE | 36 / Phura | CON US A | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 274 DATE 5 | 19/86 |
| HOSPII ned b FUNE old be ortan | | 22d. PHYSIC MIN'S DIRECTOR | a remain / | 22e ADDRESS | S | | 1 | 1/0 |
| O HOSPIT etained by TO FUNER should be with the Sit | | PAUL LIVENGOO | | | | RIVE CUMBERLAND, N | 1D. 215 | 502 |
| | | BURIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR C | | 23d LOCATION CITY OR TOWN | OUNTY | STATE |
| BP | 74. F | Burial Dul | 11/22/86 F | orter Cemete | | RD Hyndman, Bedf | ord, P | A |
| 79990EMH 216 60M 7/B4 (VRA 15, 4) | | Harvey H. Zeigi | er, Hyndman, PA | 15545 | NOV | 124 1986 Julia D | conductor R | andars. |



| 23595 | NOV I | FOR STATE REGISTRAR | | | DEPART | MENT OF H | OF MARYLAND EALTH AND MENT ICATE OF DEAT | | REG. NO | 6 30 | 35 | 330 |
|---|--|---|--|--|---|-------------------------|---|------------------|---|-----------------------------------|-----------------------------------|----------------------------|
| | | 1. DECEASED NAME | FIRST | | MIDDLE | | AST | 20. | DATE OF DEATH | MONTH DA | Y YEAR | 26 HOUR |
| nay be page 3 | 1 | (THE ON THIRT) | MARY | G | IBSON | GRA | DY | | November | 6, 198 | 6 | 5:40A _M |
| ge 4 more ector . po | | 3. SEX FEMAL | 3 | 4. RACE WHITE | | 5. DATE C MONTH | | EAR | GE (IN YEARS LAST BIR | | ONTHS DAYS | IF UNDER 24 HRS HOURS MIN. |
| leath. Po merol dir | Col 1 | OUNTRY) SCOTIAN | | 76 CITIZEN OF | WHAT COUNTRY | 8. MARRIEI WIDOWE | D NEVER MARRI | ED I | ALTIMORE CITY O | | OF DEATH | MD. |
| on softer of the full of the full | Dotting | Cumberlar | nd | Memor in suc | ial Hosp | ital | r other institution | | USUAL OCCUPATI PE OF WORK FOR MOST O DOMEST | F WORKING LIFE) | 12b. KIND OI INDUSTRY HOUSE | F BUSINESS OR |
| MARYLAND 212 ed within 24 hou mpletely filled in ond 2 should be | Somilyer most be | USUAL RESIDENCE 130. STATE WEST VIRG. 14. FATHER'S NAME FIRST JAMES | INIA MINE | ERAL MIDDLE | GIVE RESIDENCE BEFORE 13c. CITY OR TOV KEYSER LAST | re admission) VN | 13d. INSIDE CITY LIA YES NO 15. MOTHER'S MAIL FIRST | DEN NAME | STREET ADDRESS A 35 WOOD | DLAND 1 | LAST | 26726 |
| | 0 | 160 WAS DECEASE | DEVER IN U.S. AR | | 16b SOCIAL SEC | URITY NO. | 17 INFORMANT | SARET | ADDRE | | BSON | |
| BALTIMORE, cote be execu- ysicion and co | e Hedi | NO OR UNKNO | (IF YES, GIV | E WAR OR DATES) | 234-96- | 3476 | ANDREA | GRADY | 35 WOOD | AND L | | SER W.VA |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN. The low requires that it is cartificate has been signed by the this certificate has been signed by the burial-transit permit. Then plea | or to buriol, in the firm of the reserving or other troumotic ever | Conditions, gave rise cause (a), underlying PART 2 OTH | if any, which to immediate stating the cause last. | DUE TO, O DUE TO, O DUE TO, O CONDITIONS CO | | JENCE OF | Renal Renal MOT RELATED TO TH | HE TERMINAI | | | | |
| AL RECC he low ion. hos be | shows on | 190 DATE OF | OPERATION | 19b. COND | ITION FOR WHICI | H OPERATIO | N WAS PERFORMED | 100 | OB AUTOPSY? | 20b. IF YES, IN CERTIFY YES | WERE FINDIN ING CAUSES | OF DEATH? |
| VSICIAN: 1 Jing physic s certificate ourial-trans | or Item 18 sh | OR CONTRIBUTI | WAS UNDERLYING COME CAUSE OF DEA | TH HOUR A. | m. month [m. | PAY YEAR | 21c HOW INJURY | OCCURRED | (ENTER NATURE OF INJUS | RY IN ITEM 18 PAR | PT 1 OR PART 2) | |
| VISIC G PH G PH orten er thi | ond ked o | WHILE AT WORK | NOT WHILE | (AT HOME, STE | REET. FACTORY, OFFICE, | FARM ETC) | STREET | | CITY OR TO | WN | COUNTY | STATE |
| ATTENDIN spital or s CTOR, Aft | of Health | 220.1 certify saw the | that (I) (this haspit deceased alive on) (we) (aid) (did no | | 19_ | | d that in (my) (aur) | | ta occurred on the do | | | that (I) (we) last |
| TAL OR A y the ho RAL DIRE | VI. If Hem | 22b. SIGNAT | UA | as | | | | CIAN DI | EDICAL STAI RECTOR PHYSIC | | 22c. DATE | 1/6/86 |
| O HOSPITAL stained by th O FUNERAL | with the Stot | | anjithan | R PRINT) | | | Cu | morial mberla | Hospital | Medic 502 | al Bld | 8. |
| 999 BP | ,3 🛂 | 230. BURIAL, CREMA (SPECIFY) | ATION, REMOVAL | 11/9/8 | | | EMETERY OR CREMA | ATORY 2 | 3d. LOCATION CITY OR TOWN WESTERNPO | ORT.ALI | EGANY | MD. STATE |
| DHMH - 16 6 (VRA 15 | | BOALS FU | July of the | VICE WE | STERNPOR | T, MD. | The second second | NOV | 1 0 1986 | | | |



| 02 | 7/ | 9 DE | | | FOR STATE OREGISTRAR | | D | EPARTM | ENT OF 4 | OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | | 3 | 0 2 | 4, 3 |
|----------------------------|------------------------------|---|---|---------------|---|------------------------------------|--|---------------|-----------|---|---|---------------------|-----------------------------|-------------------------------------|
| | by be | | | 1. DE | EASED NAME FIRST ROBE | RT | EUGENE | | GRO | rst FT | REG. 1 20. DATE OF DEATH NOVEMBER | MONTH E | DAY YEAR | 26. HOUR 10:20A |
| | e 4 mc | | | 3. SE) | Male | 4. RAC | hite | | S. DATE C | 4, 1920 | 6. AGE (IN YEARS LAST B | YRS. | IF UNDER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| | deoth. Poguneral dire | ot book | 1 | (| OUNTRY) Pa. | | USA | | WIDOWE | | 9. BALTIMORE CITY A1. | or county legeny | | MD. |
| 13 | by the f | Day (| 1 | CUI | TY OR TOWN OF DEATH | ME | MORTAL | SPIT | DDRESS) | R OTHER INSTITUTION | 120. USUAL OCCUPA | | 12b. KIND C INDUSTRY | OF BUSINESS OR |
| AND 21 | in 24 hou | | 5 | 130. 5 | | ONOTHER | set 136. CM | eyer | sdal | 134 INSIDE CITY LIMITS? YES NO | 13e STREET ADDRESS | / ZIP CODE | 155529 | 19999 |
| MARY | ompletel | | 1 | 2 | Simon | MIDDLE | Groft | LAST | | 15. MOTHER'S MAIDEN NAV | MIDDLE | | Boye | |
| TIMORE | an and c | e medico | 3 | 160 V | VAS DECEASED EVER IN U.S. ES NO OR UNKNOWN) (IF YES. | ARMED FO | DATES) | 16-28 | | Betty W. G | roft RD | 3 B | ersdal ox 25 | 15552 |
| W. | g physica | event, th | | | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED | anly ane o ISED BY: IATE CAU | | 1, (b) and | BRO | VASCULAR | ? ACCIDE | NT. | APPROX BETWEEN | (MATE INTERVAL ONSET AND DEATH |
| 1 W. PRESTON | that the death of | of, cremation, or respective to the control of the | | | Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. | 1 | UE TO, OR AS A CO | 4 | Preb. | al Ather | a se legos is | | | |
| ORDS, 20 | requires | ior to burie | | MOIT | PART 2 OTHER SIGNIFICAN Character 19a Date of Operation | c K | eral fl | ifly , | PEN | not recated to the term | 50, Peril | COITS | | |
| TAL REC | The law icion. | Hygiene pr | 1 | CERTIFICATION | | | | WHICH | DPERATIO | WAS PERFORMED | YES NO | IN CERTIFY | , WERE FINDI YING CAUSES | NGS USED S OF DEATH? |
| DIVISION OF VITAL RECORDS. | SICIAN: | Mentol Hy or frem 18 | 7 | MEDICAL CE | 2]0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | DEATH H | b. TIME OF INJURY IOUR A.M. MON P.M. | | Y YEAR | 21¢ HOW INJURY OCCURR | RED (ENTER NATURE OF INJ | URY IN ITEM 18 PA | ART I OR PART 2) | |
| DIVISIO | ING PHY | th and A | | MED | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e | PLACE OF INJURY THOME, STREET, FACTORY | Y, OFFICE, FA | RM, ETC.) | 211. LOC ATION STREET | CITY OR T | OWN | COUNTY | STATE |
| | ATTENDI | n 21 is m | | | 220. I certify that (1) (this ha saw the deceased alive obave, (1) (we) (did) (did) | an | | . 19 | | d that in (my) (our) opinion o | , ta death occurred an the | | | that (I) (we) last causes stated |
| | TAL OR | tate Dep | | | 22b. SIGNATURE | Mr | | | | | MEDICAL ST. | CIAN | 77c DATE | 30/86 |
| | O HOSPITAL stoined by the | | 4 | | DR. RANJITHAN | | | | | MEMORTAL HOST CUMBERLAND, I | | | JILDING L502 | |
| 99 | GBP 9 | 39 | 1 | (| urial, cremation, remov. Burial | | 2/1/86 | Wh | ite | METERY OR CREMATORY Oak Ceme | RD 4 Me | | | På. |
| | DHMH - 16 (VRA 1 | | | 7 FU | NERAL DIRECTOR | ly | | rth Sda] | | Pa. 155 26 | PREC'D. BY REGISTRAL 0 9 1986 / | 25b. REGISTR | RAR'S SIGNAT | URE |



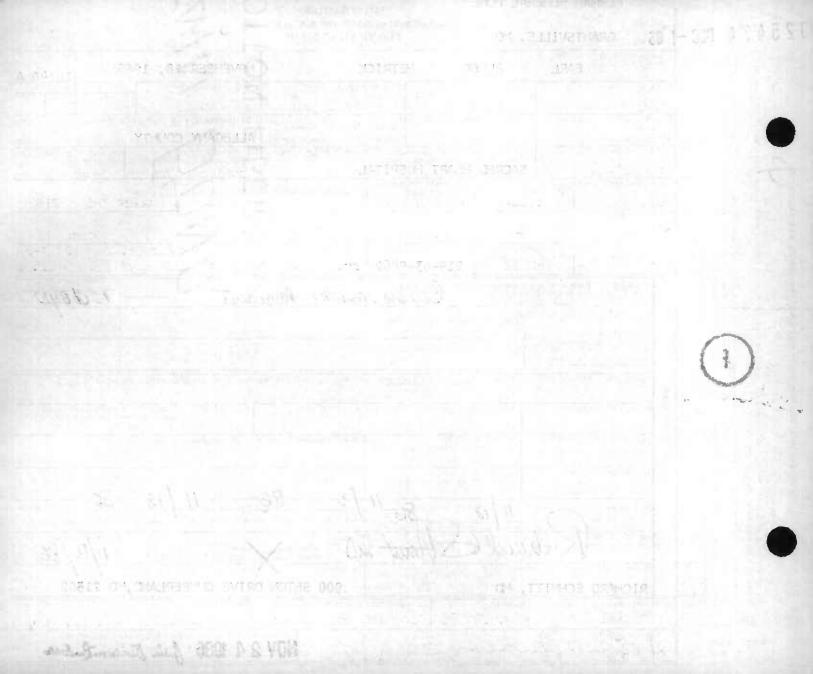
DHMH - 16 60M 7/B4 (VRA 15, 4) burst Funeral Home, Frostburg, Md.

NOV 2 0 1088

Julia Tivideon Pordare

| | | 21 03 |
|--|----------------------------------|---------------------------|
| 2020 ABGI 15 ASCHS ON | MORSKAWN NO THEWA | |
| | there is 1900 | SLAN |
| ALLEGANY YALOBLIA | arms of the | - marged |
| | con neighbar niger s region. Sen | |
| AZO SHEDVER AVENUE, TABLE | r oranstrup upag | JUA " - GEALLYRAN - " ALL |
| | | |
| the term, ordered but, | | 0.1 |
| | | |
| | | |
| | | |
| | | |
| | ARERIAN OFFIT | |
| de la companya de la | t sendenst beite. | |
| | Mr. v. (Tribble of the Law Law | ALSO ALBERTA |

| 3 | | 1 | | UNERAL HOM | | | E OF MARYLAND | | | |
|---|---|---------------|--|---|--|------------------|-------------------------------|---|------------------------|---|
| 2547 | 4 DEC | | FOR STATE REGISTRARANTSV | | | CERTIF | EALTH AND MENTAL HY | 0 0 | G. NO. | 0 2 2 1 |
| 9 | depth depth | | ECEASED NAME FI | L ELM | ER H | ETRIC | K. | 20. DATE OF DEAT | 18, 1986 | YEAR 2b. HOUR |
| SOE . | pog a | 3. S | EX | 4. RACE | | 5. DATE C | | 6. AGE (IN YEARS LAS | | 10:40 A |
| ge 4 | urs offi | 100 | ale | Whit | e | MONT | 9/30/1916 | 70 | YRS. | THS DAYS HOURS MIN. |
| | 2 hou | 2 | IRTHPLACE (STATE OR FOREI | GN 76. CITIZEN OF | WHAT COUNTRY? | 8. MARRIE | D NEVER MARRIED | | Y OR COUNTY OF | DEATH |
| deoth. | thin 7 | | ennsylvania | US | | WIDOWE | DI DIVORCED DI | ALLEGANY | | MD |
| of the | by the | 200 | mberland | (IF NOT IN SU | HEART HO | ADDRESS) | | 12a USUAL OCCUI (TYPE OF WORK FOR MA | | 12b. KIND OF BUSINESS OR INDUSTRY County Roads |
| MARYLAND 2120 | filled in | 130. | STATE 131 | ome or other institution COUNTY Garrett | 13c. CITY OR TOWN Grantsv | N_ | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRE | SS / ZIP CODE | |
| RYLA | 2 st | 14. F | ATHER'S NAME | WIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | | | |
| MA ted v | omple ond | 1 | bert | | Hetric | | Lucinda | - | | Durst |
| BALTIMORE, | ond c | 11 | WAS DECEASED EVER IN L | YES, GIVE WAR OR DATES! | 16b. SOCIAL SECU | | 17. INFORMANT | | | Box 124 A-3 |
| e be | ers. P | Ye | 18. CAUSE OF DEATH (E PART I. DEATH WAS | WW II | 4 | | Mrs. Theresa | Hetrick | Grantsvi | 11e, MD 21536 |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PRYSICIAN. The low requires that the death certification physics of | been sided by the dre mit. The pleasand a prior to hyrdi. Creasy on ony mlary. | CERTIFICATION | | ote the DUE TO, C osst. (c) CANT CONDITIONS C | | <u>PEATH</u> BUT | NOT RELATED TO THE TERM | MINAL DISEASE OR C | 20b. IF YES, W | /ERE FINDINGS USED |
| AL R | 24117 | Ē | | | | | | YES NO[| YES [| G CAUSES OF DEATH? |
| N OF VIT | certificat priofitran bental try hem 18 s | MEDICAL CE | ?)g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE | E OF DEATH HOUR A | .m. month da .m. | Y YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF | INJURY IN ITEM 18 PART | I OR PART 2) |
| IVISIO of Per otherufi | And w | WED | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | LAT HOME ST | OF INJURY REET, FACTORY, OFFICE, FA | ARM, ETC) | 21f LOCATION STREET | СИУС | DR TOWN | COUNTY STATE |
| ATTENDS POUDHOL IS | RECTOR, At editoruse o pt. of Healt em 21 is ma | | 22a.1 certify that (1) (this new the december of 1) 22b. SIGNATURE | 11 11 | 190 | 6_, ar | od that in (my) (aur) apinion | death occurred an th | ne date and haur ar | that (In (we) last ad from the causes stated |
| TAL OF | detach detach hore De | | V | chuel | 6 Soffin | ult-1 | ATTENDING PHYSICIAN | MEDICAL DIRECTOR PH | STAFF YSICIAN [] | 11/18/86 |
| 40 SP | ould be de the the Stor | | 22d. PHYSICIAN'S NAME | | | | 22e. ADDRESS | DDTVE CUM | DEDI AND M | (D 01 kgg |
| | 544 4 | 230 | RICHARD SCH | | 72, N | AME OF C | 900 SETON | DRIVE CUM | DEKLAND, M | ID 21 5 02 |
| BP_ | 2 19 1 | 2.50. | Burial | Nov. 2 | | | g Rose Cemete | CATH OR FOLL | sville, Ğ | arrett, MD |
| | 16 60M 7/84 RA 15, 4) | 24.1 | Digar . | Deumai | ADDRESS Grants | | 250. DAT | 2 4 1986 | RAR 256. REGISTRAF | |



| 1 75 d | | EASED NAME FIRS | EL I ZABETH | MIDDLE A | | OVER | 20. DATE OF DEATH | | YEAR 26 HOUR 6:50 |
|--|-----------------------|--|--|---|--|---|--|--|--|
| 1 200 | 1.5E | | 4. RACE | | 5. DATE C | OF BIRTH | 6. AGE (IN YEARS LAST BIRT | 7 0 | DER I YEAR IF UNDER 24 |
| 4 age 4 | | remale | White | | Sep | t.23, 1908 | 78 | YRS | HS DAYS HOURS |
| 1 135 | 7a. Bi | RTHPLACE (STATE OR FOREIG COUNTRY) MD | Th CITIZEN C | A WHAT COUNTRY? | MARRIE WIDOWE | D NEVER MARRIED | 9. BALTIMORE CITY O | | DEATH |
| 4 | | umbefland | (IF NOT IN S | FHOSPITAL, NURSING SUCH FACILITY, GIVE STREET IN HEART HOS | ADDRESS) | DR OTHER INSTITUTION | 120 USUAL OCCUPATION OFFICE M | F WORKING LIFE) I | 26. KIND OF BUSINES NOUSTRY Gov. Der |
| 24 Page 1 | 13a. S | AD AC | | | ADMISSION) | 13d. INSIDE CITY LIMITS? YES NO [| 13e.STREET ADDRESS / | ZIP CODE | 216 |
| npletely ed 2 s | 14. FA | THER'S NAME FIRST Jesse | MIDDLE | Hoove | r | 15. MOTHER'S MAIDEN NA Jennie | ME MIDDLE | | Loery |
| d con | | VAS DECEASED EVER IN U. | S. ARMED FORCES | | IRITY NO. | 17 INFORMANT | ADDRE | SS | |
| 100 | / 1 | YES, NO OR UNKNOWN) (IF Y | YES, GIVE WAR OR DATES) | 214-07- | 1755 | William W. | Hoover 1 | LaVale | MD |
| oth certification is an articles. | 7 | 887 | MEDIATE CAUSE40)_ DUE TO, | OR AS A CONSEQUE | ENCE OF | postuntes | 'n | | 4 weeks |
| equires that the death certification is signed by the attending the places remove carbon to burial, cremation, or miury, or ather troumatic events. | NO | Conditions, if any, white gave rise to immedia cause (a), stating the underlying cause lo | DUE TO, ich (b), the DUE TO, (c) | OR AS A CONSEQUE | ENCE OF | Break NOT RELATED TO THE TERM | NINAL DISEASE OR CON | DITION GIVEN I | 4 week. |
| he law requires that the death certifian. has been signed by the attending them then please remove carbon them to burial, cremation, armone and injury, or ather traumatic was a supplementation. | TIFICATION | Conditions, if any, white gave rise to immedia cause (a), stating the underlying cause lo | DUE TO, (b). ANT CONDITIONS ANT CONDITIONS | OR AS A CONSEQUE | ENCE OF DEATH BUT PM | lehter | VINAL DISEASE OR CONI | 20b. IF YES, WE | ERE FINDINGS USED G CAUSES OF DEATH |
| SICIAN: The low requires that the death certifing physician. certificate has been signed by the attending pright that the milest produce carbon and the price of company, and the milest produce and the milest produce or an angle of the milest produce or and the milest produce or an angle of the milest produce or an angle of the milest produce or an angle of the milest produce or and the milest produce or an angle of the milest produce or an angle of the milest produce or an angle of the milest produce or and the milest produce or an angle of the milest produce or an angle of the milest produce or an angle of the milest produce or and the milest produce or an angle of the milest produce or an analysis of the milest produce or an angle of the milest produce or an analysis of the m | ICAL CERTIFICATION | Conditions, if any, whis gave rise to immedia cause (a), stating it underlying cause to PART 2. OTHER SIGNIFIC. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX. | DUE TO, sich (b). Gich (b). Gich (b). Gich (c). ANT CONDITIONS (c). ANT CONDITIONS (d). Tyb. Color DEATH (D). Color DEATH (AMINER) | CONTRIBUTING TO DESCRIPTION FOR WHICH | ENCE OF DEATH BUT OPERATIO | LELTES IN WAS PERFORMED 216. HOW INJURY OCCUR | 200 AUTOPSY? | 20b. IF YES, WE IN CERTIFYING YES | ERE FINDINGS USED G CAUSES OF DEATH |
| NG PHYSICIAN. The law requires that the death certificated by security in this certificate has been signed by the attending the unital training permit. Then please remove cortaining the certificate has the public ceremonal or an interest to burief, cremotion, arrangements to burief, cremotion, arrangements to burief, cremotion, arrangements. | MEDICAL CERTIFICATION | Conditions, if any, whis gave rise to immedio cause (a), stating it underlying cause for PART 2. OTHER SIGNIFIC. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE | DUE TO, sich the DUE TO, st ANT CONDITIONS 19b. CG 21b. TIME HOUR AMINER) 21e PLAC | CALCINO OR AS A CONSEQUE CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTION FOR WHICH OF INJURY A.M. MONTH DA | DEATH BUT OPERATIO AY YEAR 19 | lebts IN WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WE IN CERTIFYING YES C | ERE FINDINGS USED G CAUSES OF DEATH |
| ATTENDING PHYSICIAN: The law requires that the death certification or attending physician. CTOR: After this certificate has been signed by the attending place and the please remove carbon the please remove carbon the please in the burial transmission of the please of | | Conditions, if any, whis gave rise to immedia cause (a), stating it underlying cause to the cause (b). PART 2. OTHER SIGNIFIC. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX.) 21d. INJURY OCCURRED | DUE TO, ich (b). other (b). other (b). other (c). ANT CONDITIONS Tyb. CG NG | CONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F | OPERATIO AY YEAR 19 ARM, ETC.) | 216. HOW INJURY OCCUR | 200 AUTOPSY? YES NO CONTROL NATURE OF INJURE CITY OR TO | 20b. IF YES, WE IN CERTIFYING YES TO YES THE TEM 18 PART 1 | ERE FINDINGS USED G CAUSES OF DEATH NO ORPART 2) COUNTY STA |
| AL OR ATT the hospit AL DIRECT | | Conditions, if any, whis gave rise to immedio cause to a stating the underlying cause to the underlying cause (IF EITHER NOTIFY MEDICAL EX. 21d INJURY OCCURRED WHILE ATWORK ATWORK AND UNDERLYING CAUSE OF THE UNDERLYING CAU | DUE TO, ich (b), other (b), other (b), other (b), other (b), other (c), other | CONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F | DEATH BUT OPERATIO AY YEAR 19 ARM, ETC.) | 21c HOW INJURY OCCUR 21l. LOCATION STREET 19 and that in (my) (our) apinian DEGREE ATTENDING PHYSICIAN [| 200 AUTOPSY? YES NO CONTROL NATURE OF INJURE CITY OR TO | 20b. IF YES, WE IN CERTIFYING YES THE WIN ITEM 18 PART 1 | ERE FINDINGS USED G CAUSES OF DEATH NO ORPART 2) COUNTY STA |
| R ATT hospi | | Conditions, if any, white gave rise to immedia cause (a), stating the underlying cause low PART 2. OTHER SIGNIFICATION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX. 21d INJURY OCCURRED WHILE AT WORK NOTIFY MEDICAL EX. 22a. I certify that (1) (this saw the deceased all above, (1) (yet) (did) (control of the control of th | DUE TO, sich (b), one of the her both (b), st. (c). ANT CONDITIONS Typ. Col. ANT CONDITIONS 19b. C | CONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F | DEATH BUT OPERATIO AY YEAR 19 ARM, ETC.) | 216. HOW INJURY OCCUR 211. LOCATION STREET , 19 and that in (my) (our) apinian DEGREE ATTENDING | 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TO death accurred an the do MEDICAL STAR DIRECTOR PHYSIC | 20b. IF YES, WE IN CERTIFYING YES TO SET IN ITEM 18 PART I | COUNTY STATE OF THE PROPERTY O |

Ca a

1 2.0

1986 Dr. Mannestar, Hovered Tinne Elementer

Female White Sept. 23, 1968 78

Cumberland garag gava mapped office hanager dov. Dapt.

Au Alegany Gumberland . 217 S. Allagany St. 21502

Jesse A. Gover Jennie E. Lour

william W. Hoover Lavale, in

Coorge Breza ND - The leve wis seron molve, civething his old

Burial Dec.3,1986 Rose Mill Cem. Cumberland, Mulleconv M.

Millian G. Mint Cumb-Fland, and De Comb

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

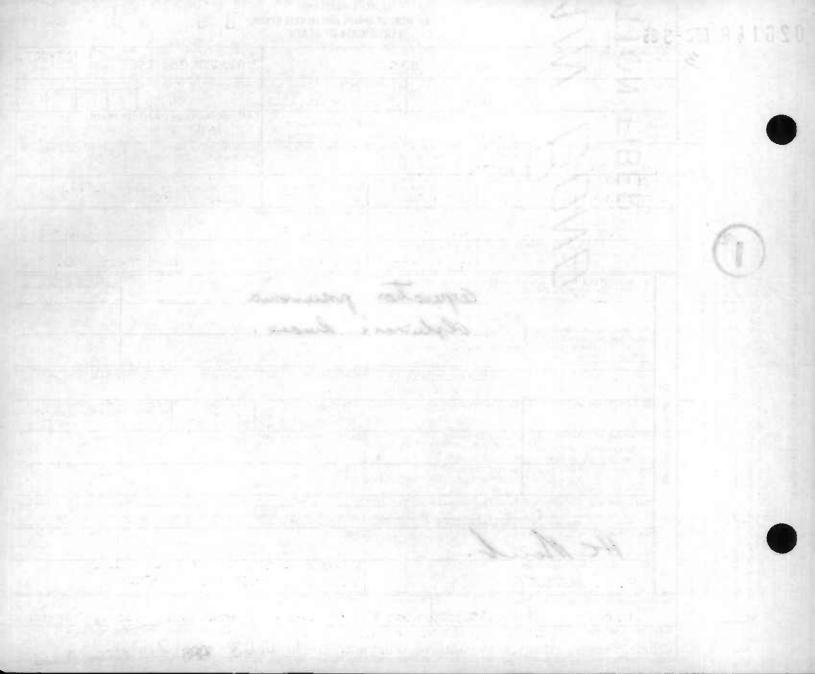
| | Y | BEGISTRAR | | | | C#1(111 | ichie oi | PENTIL | REG. N | 0. | | |
|---|---------------|---|------------------------------|-------------------------------|---|------------------------|-------------|--------------------------|---|-------------------|----------------|--|
| | | CEASED NAME OR PRINT) | NANCY | | lelyn HO | OOVER | AST | | 20. DATE OF DEATH NOVEMBER 1 | | | 11920P. |
| | 3. SE> | female | | RACE wh | ite | 5. DATE C | | 10, TP21 | 6. AGE (IN YEARS LAST BE | | UNDER TYEAR | |
| 5 | C | RTHPLACE (STATE OR OUNTRY) | FOREIGN 7 | U.S. | A. | 8. MARRIE WIDOWE | | R MARRIED | 9. BALTIMORE CITY O | R COUNTY C | F DEATH | MD. |
|) | CI | ty or town of dea IMBERLAND | | MEMORIA | HOSPITAL, NURSING THE FACILITY, GIVE STREET A L HOSPITA | ADDRESS) | OR OTHER IN | STITUTION | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST (| | | OF BUSINESS OR |
| 1 | 13a. S M | AL RESIDENCE (# NUR TATE laryland | 138 COUNT | | Boonsbo | N | YES 🗌 | CITY LIMITS? | 13e.SIREET ADDRESS Route 7 | Box 11 | 9 21 | 713 |
| 7 | | Walter | | IDDLE | Diebert | | E | R'S MAIDEN NAM Beleuh | L. | | Dela | |
| 2 | | VAS DECEASED EVER (ES, NO OR UNKNOWN) | | MED FORCES? WAR OR DATES) | 214-16-1 | | Mr. | | . Hoover, | | | |
| | | 18 CAUSE OF DEAT PART I. DEATH W | VAS CAUSED | BY: CAUSE (o) | R AS A CONSEQUE | hon | pn | eumoni | A | | BETWEEN | XIMATÉ INTERVAL I ONSET AND DEATH |
| | NO | Conditions, if ony gove rise to im couse (o), stotic underlying couse PART 2. OTHER SIG | mediote ng the e lost. | (c) | R AS A CONSEQUE | | | 7,020-2 | , INAL DISEASE OR CON | DITION GIVEN | N IN PART 1 | 10 |
| 7 | CERTIFICATION | 190 DATE OF OPERA | TION | 19b. CONDI | ITION FOR WHICH | OPERATIO | N WAS PERI | ORMED | 20a AUTOPSY? YES \(\text{NO} \) | 20b. IF YES, Y | ING CAUSES | INGS USED S OF DEATH? |
| | MEDICAL CER | 210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED | CAUSE OF DEAT | P., | M. MONTH DA M. | Y YEAR | | | RED (ENTER NATURE OF INJU | RY IN ITEM 1B PAR | T I OR PART 2) | |
| | MED | 21d. INJURY OCCUR | HILE | 21e. PLACE ((AT HOME, STR | OF INJURY REET, FACTORY, OFFICE, FA | ARM, ETC } | 211. LOCA | | CITY OR TO |)WN | COUNTY | STATE |
| | | 220.1 certify that (1) sow the decease above, (1) (we) (22b. SIGNATURE | | | | , or | | | deoth occurred on the d | ote and hour o | and from the | , that (I) (we) lost couses stated ESIGNED |
| _ | | 22d. PHYSICIAN'S N | | | * | | | SAL HOS | MEDICAL STA DIRECTOR PHYSIC PITAL MEDI | CAL BU | ILDING | 3 |
| | | DR. H. M | ERRICE | | 100 | | CUMBI | ERLAND, | MARYLAND | 21502 | | |
| | 23a B | URIAL, CREMATION, | REMOVAL | NOV 2 | 0 1086 P | | | CREMATORY | 23d. LOCATION CITY OR TOWN | W 1/1- | COUNTY | Marsiland |

DHMH - 16 60M 7/B4 (VRA 15, 4)

MINNICH FUNERAL HOME 250 D 24 FUNERAL DIRECTOR
415 E. Wilse

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DEC3 Wilson Blvd., Hagerstown, Maryland 21740

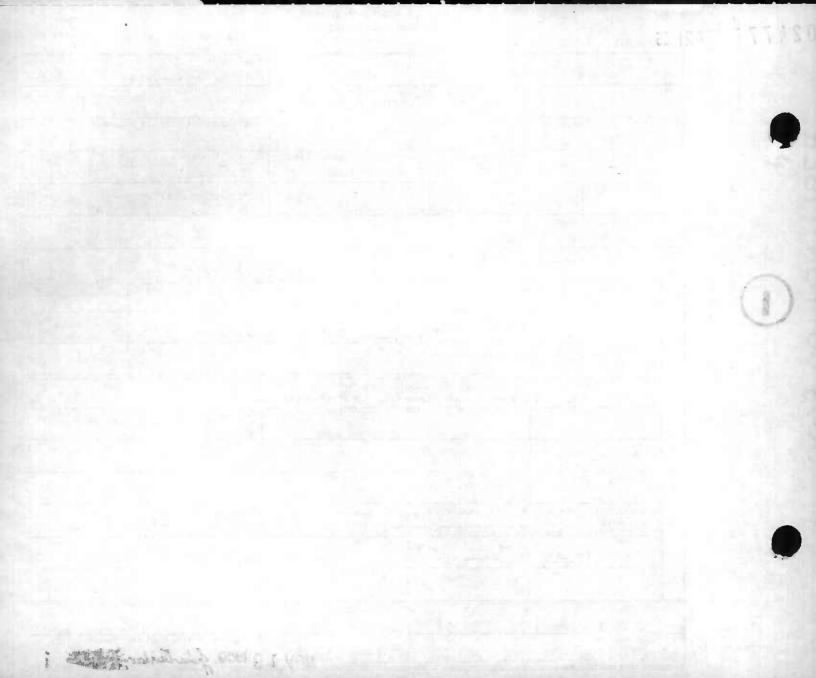


And I have been by dook to longereing, be. 1953

college in

. Di companiel bond radmon

in a later of the second



I. DECEASED NAME 2a. DATE OF DEATH (TYPE OR PRINT) **JOSEPH** JONES WILLIAM 4. RACE 5. DATE OF BIRTH ALLEGANY COUNTY DIVORCED [MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 214072945 NONC 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), stating underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO CERTIFICAT 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? NO 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M LIF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from. 22b. SIGNATURE DEGREE ATTENDING MEDICAL MPORTANT 27d PHYSICIAN'S NAME (TYPE OF PRINT d b BALJEET MAHAL .M.D. 230 BURIAL, CREMATION, REMOVAL

STATE REGISTRAR MAIN STREET, LONACONING, MORTIFICATE OF DEATH MIDDLE

FOR EICHORN FUNERAL HOME

REG. NO 26 HOUR NOVEMBER 12,1986 10:01 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS

BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

COUNTY

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN

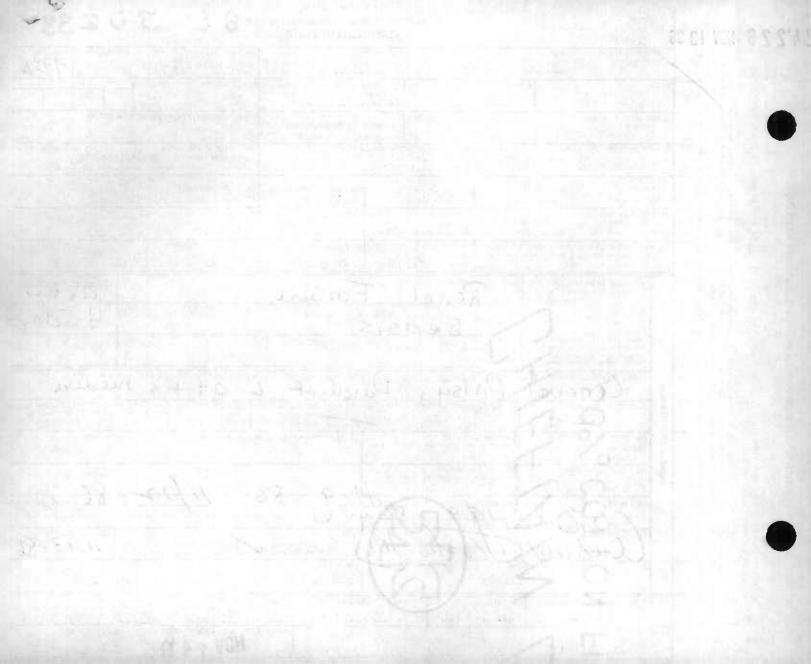
909-B SETON DRIVE CUMBERLAND, MD. 21502

YICKEWZIE TYWERA

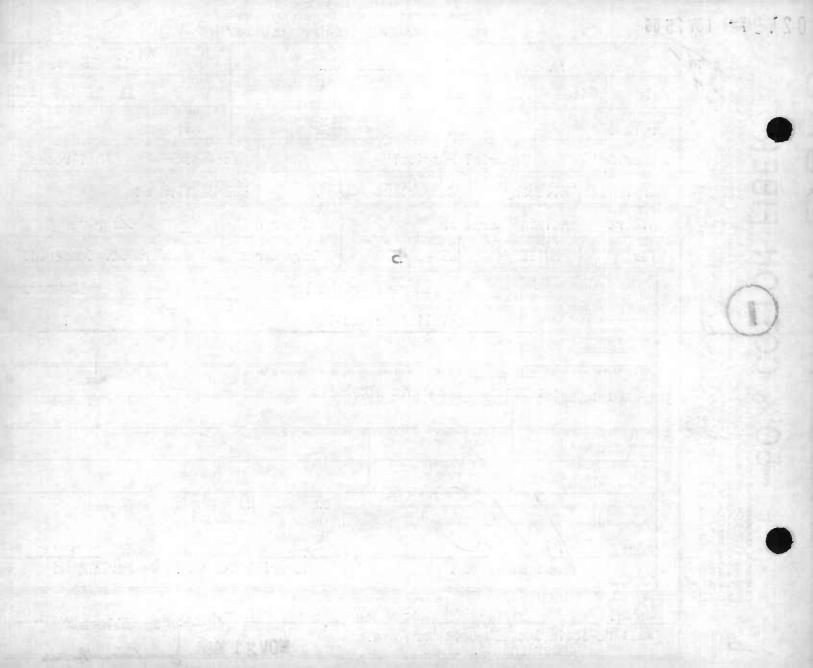
DHMH - 16 60M 7/84 (VRA 15, 4)

| NOVEMBER 12 1986 - 1010 | Eld-one Fineral Home After Street, LOWCOING, ID. |
|---|--|
| | Make white Dec 6, 1911 |
| YOURN YMARESIN | Mayland U.S. T. James J. William |
| Gross House Maries | LATITUDE TRADE LEADER DAY |
| Turner's Apts | Mary Sand Allegary Middensell y |
| ADIA NOSCI | William IT Jewey Claner Thank |
| 3. 8/-12 ST. | 13 Nowe THOUSERS 1165 Elmin L. |
| | |
| | |
| | |
| | |
| | |
| COSTO TON THE THE STATE OF THE | MARKET MARKET THANKS SERVER |
| the english shakes | Paral 14 15-86 Rother Mes Ack |

| 6 NOV 18 8 | 1- | FOR STATE REGISTRAR | | | DEPARTI | MENT OF F | E OF MARTLAND LEALTH AND MENTAL HYG LICATE OF DEATH | IENE 8 6 | 30 | 233 |
|--|------------------|---|------------------|---------------------------------|---|-----------------|--|--|----------------------|---|
| | | EASED NAME | FIRST | | MIDDLE | | AST | 20. DATE OF DEATH MO | | YEAR 26. HOUR |
| ** N | | | ROBE | | ALLEN | | LLOUGH | NOVEMBER 12 | 1986 | 130 AM |
| otte. p | 3. SE | MALE | | 4. RACE WHITE | | APRI | L 12 DAY 1944 | 6. AGE (IN YEARS LAST BIRTHD | YRS. | DAYS HOURS MIN. |
| 183 | 7a. BI | RTHPLACE (STATE OR ECOUNTRY LAND | OREIGN | 76. CITIZEN O | F WHAT COUNTRY? A | MARRIE WIDOW | D NEVER MARRIED X | 9. BALTIMORE CITY OR C ALLEGANY | OUNTY OF DEA | MD. |
| O O o o | | TY OR TOWN OF DEA CUMBERLAND | √тн • | | HOSPITAL, NURSIN ICH FACILITY, GIVE STREET REDERICK | | DR OTHER INSTITUTION | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W | | (IND OF BUSINESS OR JSTRY |
| and be | | AL RESIDENCE (IF NURS STATE RYLAND | 13b COUL | OTHER INSTITUTION TY EGANY | N. GIVE RESIDENCE BEFOR | ADMISSION) | 13d. INSIDE CITY LIMITS? | 132 STREET ADDRESS 1706 FREDERI | CK STREE | 1502 |
| 18// | 14. F/ | ELMER | | R. | KELLÓÜGH | JR. | 15 MOTHER'S MAIDEN NA. VIOLET | ME J. MIDDLE | CART | LAST |
| Poor 7 | | YAS DECEASED EVER YES, NO ON UNKNOWN) | | MED FORCES? (E WAR OR DATES) | 216-78-3 | | 17 INFORMANT ELMER KELLOUC | CUMBERLAND THE TOO FR | EDERICK ⁵ | 02 STREET |
| nding physicii carbon paper , ar removol. | | 18 CAUSE OF DEAT PART I. DEATH W | | TE CAUSE (o)_ | RENAL OR AS ACONSEOU | | Faelure | | BE. | APPROXIMATE INTERVAL TWEEN PRISET AND DEATH |
| d by the otterease remove of, cremotion | | Conditions, if ony, gove rise to improve couse (o), statin underlying couse | nediote g the | (b)_ DUE TO, (c)_ | OR AS A CONSEOU | S(S | S | | | 7 3009) |
| been signe mit. Then p prior to bur ony injury, | ATION | PART 2 OHER SIGN | eho | 1 17 | 1/54; | V | NOT RELATED TO THE TERM NOT RELATED TO THE TE | L. Otiti | S PUE | FINDINGS USED |
| mificate has ol-transit per ntol Hygiene | AL CERTIFICATION | 21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI | CAUSE OF DE | ATH HOUR | OF INJURY A.M. MONTH D P.M. | AY YEAR | 21c. HOW INJURY OCCURI | YES NOTE NATURE OF INJURY I | YES 🗌 | AUSES OF DEATH? NO [] ART 2) |
| ter this ce is the buri h and Mer | MEDICAL | 21d. INJURY OCCURI | RED | 21e. PLAC | E OF INJURY STREET, FACTORY, OFFICE, | | 21f. LOCATION STREET | CITY OR TOWN | cour | NTY STATE |
| CTOR: Af | | 220.1 certify that (1) sow the decease above (1) we) | d alive on | 11 | N 9 19 | 86.0 | h) that in (my) (our) opinion | , todeath occurred on the date | | |
| y the hospital o | | 22. SIGNATURE | rey | 10 | Torkio | hi | | MEDICAL STAFF DIRECTOR PHYSICIA | | 11-13-86 |
| o Flones hould be the St weograph | 1 | DR ANI | | STASKO | | | 924 SETON DR | LIVE CUMBERLA | ND MD. 2 | 1502 |
| 8P | | BURIAL, CREMATION, (SPECIFY) BURIAL | | | | | EMETERY OR CREMATORY MEMORIAL PARK | 23d. LOCATION CITY OF TOWN CUMBERLAND | | MARYLAND |
| AH - 16 50M 4/82 (VRA 15, 4) | | UNERAL DIRECTOR SILCOX-MER | RITT | FUNERAI | SERVICE | CUMBE | RIAND MARYLAN | DINOV 1 4 9 | REGISTRAR'S SI | |



STATE OF MARYLAND 021973 NOV DE- 18 TE REG. NO. 20. DATE KNOWN XX ECEASED NAME TYPE OR PRINTI OF ESTI-1112 15 10 86 ALBERT MELVIN **KERNS** JR. DEATH MATED 4. RACE IF UNDER 24 HRS 2c. DATE PRONOUNCED Male White .86 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH N. BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED V NEVER MARRIED Allegany Maryland USA DIVORCED -10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS Rai I roads Memorial Hospital Machinest Cumberland 134. INSIDE CITY LIMITS? 130-STREET ADDRESS VESK NO TO 631 Bedford St Affegany Cumber Tand Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Melvin Kerns Sr Albert. Kathryn Cosgrove 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** YES NO. OR UNKNOWN) 219-14-5706 631 Bedford St. Cumberlnd Ruby Kerns 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Gas gangrene, right leg 12 hours IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Cellulitis right leg Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) chronic alcoholism 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES V NO [21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK COUNTY X 22e I certify that I taak charge of the resto described abave, held an Inspection K Autopsy and in my apinion death resulted fram: Suicide Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 11/18/86 M.D. Dptv SIGNATURE MEDICAL EXAMINER Snow, M.D. Memorial Hospital, Cumberland Md TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Burial STATE Rocky Gap ve t Cem Md ²⁴ FUNERAL DIRECTOR Stein Inc 230 Baltimore Ave. Cumberland Md. 21502 **DHMH - 17** (VR A15 ME (51)

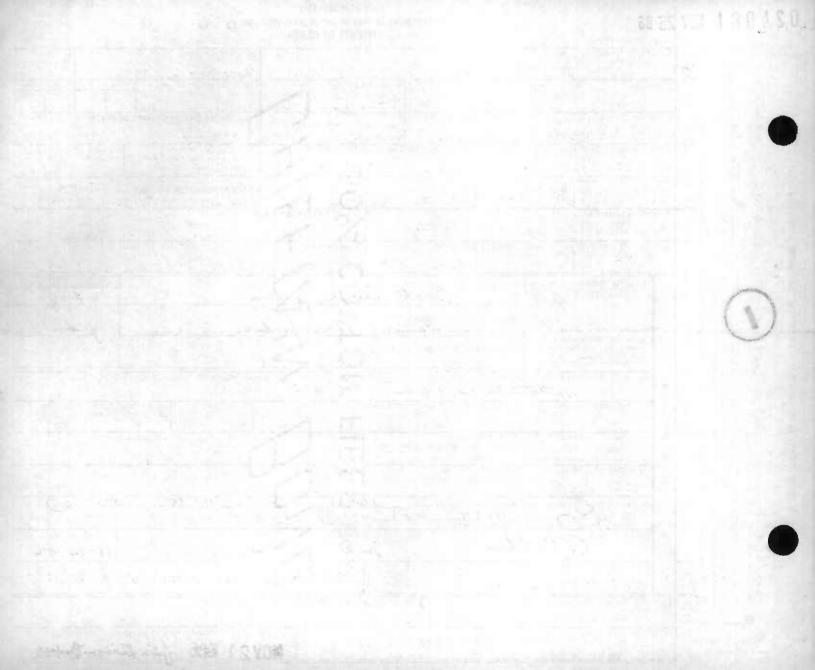


| 25475 DEC | Li. | FOR OSTATE | | | DEP | ARTMENT OF | EALTH AND M | ENTAL HYG | IENE 3 0 | 3 (| 3 2. | 3 3 |
|--|---------------|---|-----------------|----------------------------------|-----------------------------------|--------------------|--------------------|---------------------|---|-------------------------|--------------------------|----------------------------------|
| TO IT O DEC | | REGISTRAR | | | | | ICATE OF DE | HIA | REG. N | | | |
| m.e | | CEASED NAME OR PRINT) | FIRST | | MIDDLE | | LAST | | 2a. DATE OF DEATH | MONTH DAY | YEAR | 2b. HOUR |
| moy be page 3 er death | | | ETHEI | | MAY | KER | | | NOVEMBER 2 | | | 3:15A M |
| 4 mo | 3. SE | | | 4. RACE | | S. DATE | DF BIRTH H DAY | YEAR | 6. AGE (IN YEARS LAST BI | RTHDAY) IF L | UNDER I YEAR | IF UNDER 24 HRS |
| oge 1 | 100 | female | | whi | | | 9-15-191 | .0 | 76 | YRS. | | |
| 7 2 Pod 2 Po | | IRTHPLACE (STATE OR I | OREIGN | 76. CITIZEN OF | WHAT COUN | TRY? B MARRIE | D NEVER MA | ARRIED | 9. BALTIMORE CITY | OR COUNTY OF | DEATH | |
| Georgian deor | | MD | | USA | | WIDOW | | ORCED | Allega | | | MD |
| 3 offer of the first of the fir | 10. C | ITY OR TOWN OF DEA | ATH | | HOSPITAL, NI CH FACILITY, GIVE | | OR OTHER INSTIT | TUTION | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST | | 12b. KIND OI INDUSTRY | F BUSINESS OR |
| | | MBERLAND | | MEMORI | | | | | retired | | mote | 1 |
| W. PRESTON ST., BALTIMORE, MARYLAND 217 The dean certificate be executed within 24 hour the attending physician and completely filled in the attending physician and completely filled in the attending physician and 2 shorted be the filled in the medical examination other froumatic event, the medical examination | 130. | AL RESIDENCE (IF NURS STATE MD | 13b COUN All | other institution ty egany | 13c. CITY OR | | 134 INSIDE CIT | Y LIMITS? | 13. STREET ADDRESS 124 Seymo | / ZIP CODE DUI STIFE | et/21 | 502 |
| Present of the state of the sta | 14. F | ATHER'S NAME | | MIDDLE | 105 | | 15. MOTHER'S | | AE . | | LAS1 | |
| AM b day | | Harry | Clif | ton Rob | ertson | | " | Flo | orence E. V | Vilson | (AS | |
| MORE, | | VAS DECEASED EVER | | MED FORCES? | 166 SOCIAL | SECURITY NO. | 17. INFORMAN | IT | ADDR | ESS | | |
| IIMO | 1 | no | 18 163,0176 | . WAR OR DATES! | 213-40 | -4037 | Mr. Wi | lliam | . Kerns, L | _aVale, | MD - | son |
| BALI sicio sicio opers ol. | | 18 CAUSE OF DEAT PART I. DEATH W | H (Enter onl | y one couse pe | | o', and Ic'.1 | ~, 1 | | | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| ST., | | PARTI. DEATH W | | E CAUSE (o) | Ser | tic | hoch | | | | | |
| NO WHO WAS | | | | DUE TO, C | R AS A CONS | EQUENCE OF | - | - | 7 1 | | - | |
| EST Can on one | | Conditions, if ony, | | (tb)_ | pa | to | resentes | i'c. | Chrombos | ni | | |
| _ | | gove rise to imm couse (a), statin underlying couse | g the | DUE TO, C | R AS A CONS | EQUENCE OF | | | | | 18.0 | |
| DS, 201 | Z | PART 2 OTHER SIGN | NIFICANTO | ONDITIONS C | ONTRIBUTING | TO DEATH BU | NOT RELATED T | O THE TERM | NAL DISEASE OR CON | IDITION GIVEN | IN PART 110 | , |
| DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low require of the this certificate has been since the build-tronsit permit. Then the and Mental Hygiene prior to orked or them 18 stows any injury orked or them 18 stows any injury. | CERTIFICATION | 190 DATE OF OPERA | TION | 196 COND | ITION FOR W | HICH OPERATIO | N WAS PERFOR | MED | 20a AUTOPSY? | 20b. IF YES, W | ERE FINDIN | IGS USED OF DEATH? |
| TAL R | - E | A) ACCIDENT MACHINE | | 21b. TIME C | DE INCUIDA | | In Howen | URU O COLUMN | YES NO NO | YES [| | NO 🗆 |
| PHYSICIAN: The ending physicic this certificate be build-tronsit and Mental Hygin digital and mental Hygin digital control of them. 18 sh | | OR CONTRIBUTING C | AUSE OF DEAT | HOUR A | | DAY YEAR | 21¢ HOW INJ | URY OCCURR | ED (ENTER NATURE OF INJU | JRY IN ITEM 18 PART | 1 OR PART 2) | |
| HYSI nding his ce buri | MEDICAL | 21d INJURY OCCUR | | 21e PLACE | OF INJURY | | 211 LOCATION | ٧ | CITY OR TO | DAME! | COUNTY | STATE |
| IVIS Offer poster the state of | 2 | WHILE NOT WH | RK | (AT HOME, ST | REET, FACTORY, O | FFICE, FARM, ETC.) | 1 | 0.0 | CHYOKIC | / 4414 | 0001411 | STATE |
| DIVI ZDING I or att Se os the eolth or | | 22a.1 certify that (1) | (this hospit | ol) ottended th | | | w/ | 19 14 | | 21 , 19. | 16 | that (I) (we) last |
| pito TTO Pito for to | | sow the deceose above, (I) (we) (c | ed olive on_ |) view the body | ofter death | 19 00000 | nd that in (my) (o | our) opinion o | leoth occurred on the d | ate and hour or | nd from the r | couses stated |
| OR A DIRECTOR A DIRECTOR OF THE DEPT. | | 226. SIGNATURE | 1 | | 1 | | DEGREE | | / | | 22c. DATE | SIGNED |
| <u> </u> | | 78// | Lame | ic. | 4 | | | TENDING HYSICIAN | MEDICAL STA | | 11-2 | 1-86 |
| O HOSPITAL etoined by the TO FUNERAL should be det with the Stote | | 22d PHYSICIAN S NA | | PRINT) | 6 | | MEMORI | AL HOS | PITAL MED | ICAL BU | | |
| to HOS etoined TO FUN with the | - 9 | DR. BARREF | RA. | | | | | | MARYI.AND | 21502 | | J |
| ₩ 5 ± 2 3 ₹ | 23a I | BURIAL, CREMATION, | REMOVAL | 236 DATE | | 23c. NAME OF | EMETERY OR CR | | 23d. LOCATION | | | |
| BP | | Burial | | 11-23 | -1986 | Davis N | Memorial | Cemete | | | illegar | nv MD |
| DHMH - 16 60M 7/84 | 24. F | UNERAL DIRECTOR | | | ADDI | | | | REC'D. BY REGISTRAR | 25b. REGISTRA | SSIGNATI | JRE |
| (VRA 15, 4) | | James F. S | carpe. | lli. Cu | | | 1502 | NOV 2 | 4 1936 4 | Con Tendi | A I | and a |

| 126 | 197 DEC - | LOC KIGHT FUNERAL HOME STATE OF MARYLAND | |
|----------------------------|---|---|--|
| 120 | 191 UEL - | 1 - STATE SUB DECAIOR SI. DELANIMENT OF MEANINE MITORIAL TOTAL | 0 6 3 0 |
| | | REGISTRAR CUMBERLAND, MD 21502 CERTIFICATE OF DEATH | |
| | | 1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH | DAY YEAR 25 HOUR |
| | e 25 | 1171 7.4 | 986 7:20 M |
| | Now & S | 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| | 9 96 | Female White Feb. 2, 1891 95 YRS | MONTHS DAYS HOURS MIN. |
| - | 2 31 | 76. SIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED \$ 9. BALTIMORE CITY OR COUNTRY) | Y OF DEATH |
| | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | MD USA WIDOWED DIVORCED ALLEGANY COUNTY | NTY MD. |
| | 1 11/29 | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING | 12b. KIND OF BUSINESS OR |
| 0 | \$ 14D4 | Cumberland SACRED HEART HOSPITAL None | None |
| 212 | 10 to | USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | DE 21502 |
| ON N | 7 (1) | MD Allegany LaVale YES NOX Rt. # 1, Sho | rtest Day Rd. |
| RYL | 100 | 14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE MIDDLE | |
| WA | 1 18/10 | George W. Lancaster Susan V. | McKenzie |
| ORE, | 1003/ | 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 160 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS | |
| JWI | (李阳) | No 218-34-4725 Mary E. Crites | |
| 3AL1 | Tal. | 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 1, | 1 2011 | PART I. DEATH WAS CAUSED BY: Candio vascular collapse | seconds |
| N C | of or | DUE TO, OR AS A CONSEQUENCE OF | |
| PRESTON | deat deat deat tion, | Conditions, if ony, which (b) Left Venturales Hypnertrythy | yens |
| . P. | the remo | gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF | |
| 201 W | that d by eose ol, ci | underlying couse lost. (c) Chrone forpreviewsian | years. |
| | gne gne buri | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G | |
| ORD | requence si | tractive (6) hip and wrist in fall and thus unnot | |
| DIVISION OF VITAL RECORDS, | no bermin | Fractive (5) hip and wrist in fall and this immed 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF Y IN CERT 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 | ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? |
| IAI | The cian sit p | YES NOX | YES NO |
| > | AN: The physicion filtcote h tronsit pol Hygies | OR CONTRIBUTION CONTRACTOR HOUR A.M. MONTH DAY YEAR | PART I OR PART 2) |
| O Z | SICI ng I | CIE CHINER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN | |
| OISI | PH the land | 21d INJURY OCCURRED 21e. PLACE OF INJURY (at home, street, factory, office, farm, etc.) 21l LOCATION STREET CITY OR TOWN | COUNTY STATE |
| > 0 | | AT WORK | |
| | | 200.1 certify that (1) (this hospital) attended the deceased from 11/24, 19-86, to 11/29 sow the deceased dive on 11/28, 19-86, and that is (my lour) opinion death occurred on the date and ha | . 19, that (1) (we) lost |
| | OR ATTEN e hospital DIRECTOR sched for un Dept. of He | obove. (1) we (idid) (did not) view the body ofter death. | |
| | OR A he has DIRECTOCHED TO DEPT. | | 22c DATE SIGNED |
| | ERAL ERAL State | ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT) 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS | 12/1/86 |
| | HOSE THE PARTY OF | | |
| | TO HOSPITAL (retained by the TO FUNERAL I Should be deto with the State I IMPORTANT: If | JAMES MOEN, MD 1068 NATIONAL HIGHWAY, LAVA | ALE, MD 21502 |
| | | 236 BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN | COUNTY |
| | BP | Burial Dec. 1, 1986StPatrick's Cem. Mt. Savage 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGIS | Allegany MD |
| | DHMH - 16 60M 7/84 (VRA 15, 4) | Winhe C. Vicht C. Appress 3 and MD DCC | |
| | (YAM 13, 4) | william G. Aight Cumberland, MD DELA 1006 A. | |

00:5 Female white Feb.2, 1891 95 ND USA None None Cumberland Cumberland Cumberland ND Allegany LaVale N Pt. # 1, Shortest Day Rd. deorge W. Lancaster Susan V. Nekonsie ILE-34-4725 Mary J. Ordes DEDUCTION THANKS MAINTENAN MAINTENAN MARKET AND STRONG Burial Doc. 1, 1986StPatrick's Cem. Mt. Savage Allegany AD William C. Might Cumberland, MD . William C. Might

| 4981 NOV | h- | 0-00 | | | | | E OF MARYLAND | | | 3 0 | 1 1 |
|---|---------------|--|-------------|------------------|-------------------------------------|-----------|--|------------|---|----------------|--|
| 4981 NOV | KP | STATE REGISTRAR | | | DEPARTI | AENT OF I | FEALTH AND MENTA | L HYGIE | NE 3 0 5 | U | 3 / |
| | LDI | CEASED NAME | FIRST | | AIDDI F | | IZA | | REG. NO. | | |
| o m= | | E OR PRINT) | LIKSI | ^ | NIDDLE | | [ASI | 2 | O DATE OF DEATH MONTH DA | AY YEAR | 26 HOUR |
| poge 3 | | | OROTI | HY D | ean | LEA | THERMAN | | November 15, 198 | 6 | 2:10 _p |
| m b | 3. SI | X | | 4. RACE | | S. DATE | OF BIRTH | 6. | . AGE (IN YEARS LAST BIRTHDAY) | FUNDER I YEAR | IF UNDER 24 HRS |
| Poge 4 mo | | Female | | Whit | 0 | Oct | | | 0.5 | ONTHS DAYS | HOURS MIN. |
| Po Bei | 70. E | IRTHPLACE (STATE OR FO | REIGN | | WHAT COUNTRY? | 8 | | _ 9 | BALTIMORE CITY OR COUNTY O | DEDEATH | |
| to 72 of | TAI | est Virgi | | | | | D NEVER MARRIE | 0 7 | DALIMORE CITT OR COOKITY | JI DEATH | |
| thu thu | | ITY OR TOWN OF DEAT | | | S.A. | WIDOW | DIVORCE | | Allegany | | M |
| a k | | | | (IF NOT IN SUCI | H FACILITY, GIVE STREET | ADDRESS) | OR OTHER INSTITUTION | | 2a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | 12b. KIND O | OF BUSINESS OR |
| الم | 1 | mberland | | Memorial | Hosp. & | Medi | cal Center | | Housewife. | | |
| d in | 13a. | STATE IT NURSIN | 36 COUN | | GIVE RESIDENCE BEFORE | | 13d. INSIDE CITY LIMI | ITCO IN | 3e.STREET ADDRESS / ZIP CODE | | |
| | Ma | | | gany | Cumber | land | YES X NO | 7 | St. Gerard Ave | | 11500 |
| e e | 14. F | ATHER'S NAME | | 3 4 | | | 15. MOTHER'S MAIDE | | | | 21502 |
| (A) | | James | F | dward | Po wa | | FIRST | | WIDDLE | LAS | 12 |
| | 17 | | | | Berg | | Amand | a | Ε. | Lah | nman |
| Pages medica | 100 | WAS DECEASED EVER IN (YES, NO.08 UNKNOWN) | | WAR OR DATES) | 166 SOCIAL SECU | RITY NO. | 17. INFORMANT | | ADDRESS | | |
| Po no | | NO | | | 212-24-0 | 223 | Margaret | Mat | chews same | asl3 | Ba-e. |
| a - F | | 18 CAUSE OF DEATH PART I. DEATH WA | (Enter anl | y ane cause per | line far (a), (b), and | d (c).) | | | | | IMATE INTERVAL ONSET AND DEATH |
| 1000 | | PART I. DEATH WA | SCAUSED | BY: CAUSE (a) | Caca | to 10 | Rend Lui | lin. | | Z / | ONSET AND DEATH |
| 200 | | " | MMEDIATE | CAUSE (a) | | | The state of the s | - | | 7 0 | - Y |
| 0 0 0 | | | | DUE TO, OR | AS A CONSEQUE | NCE OF | 1 1 | | | | , |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | Canditions, if any, a | which | (b) | Ch | one | I deval for | we | ~ | ye | an |
| # # # F | | cause (a), stating | the | DUE TO, OR | AS A CONSEQUE | NCE OF | | | | / | |
| l by | | underlying cause | last. | (),(c) | | | | | | | |
| n ple puri | | PART 2. OTHER SIGNI | FICANT CO | ONDITIONS CO | NTRIBUTING TO E | EATH BUT | NOT RELATED TO THE | TERMIN | AL DISEASE OR CONDITION GIVE | N IN PART 10 | a. |
| The The | ŏ | 1 | neto | atolic . | ca 1 cm | | C 1+1= | | | | |
| orio. | CERTIFICATION | 190. DATE OF OPERATIO | NC | 19b. CONDIT | ION FOR WHICH | OPERATIO | N WAS PERFORMED | | 200 AUTOPSY? 206 IF YES, | WERE FINDIN | VGS LISED |
| ws ws | Ē | STATE OF | | | | | | | IN CERTIFYI | ING CAUSES | OF DEATH? |
| ronsit Hygie | E . | 21a. ACCIDENT WAS UNDER | RIYING 🗖 | 21b. TIME OF | INITIDY | | 121. HOW BUILDY O | CCUPPER | YES NO YES | | NO 🗌 |
| TTO TTO | | OR CONTRIBUTING CA | | | | Y YEAR | THE THOU INJURY OF | CCORREC | O (ENTER NATURE OF INJURY IN ITEM 18 PAR | T I OR PART 2) | |
| s certif burial-ti Mental | N V | (IF EITHER, NOTIFY MEDICAL | | P.A | | 19 | ALC: NO | | | | |
| this d M | MEDICAL | 21d. INJURY OCCURRE | | 21e. PLACE C | F INJURY ET, FACTORY, OFFICE, FA | DAL STC.) | 211. LOCATION | | CITY OR TOWN | COUNTY | STATE |
| s th | > | MHILE NOT WHILE | | (AT HOME, SIRE | ET, FACTORY, OFFICE, F. | KM, EIL J | SIREET | | CITY ON TOWN | COUNT | SIAIE |
| a E | | 22a.1 certify that (1) (t | his hospita | al) ottended the | deceased from | 1 | 0-31 10 | 56 | to 11-15 19 | 86 | 160 11 |
| f He is | | saw the deceased | anve on_ | 11-1 | 4 10 | 0.7 | | - | ath accurred an the date and haur o | | that (T) we) last |
| od for | | abave, H) (we) (did | did nat) | view the bady o | ifter death. | | | midir ded | ann accorred an me date and haur o | | |
| DIR Dep P He | . 7 | 226. SIGNATURE | m | 11. | | 0 | DEGREE | | | 22c. DATE | SIGNED |
| be deto | | 9 | 1130 | ugu | | n | ATTENDII PHYSICI | AN TI | MEDICAL STAFF DIRECTOR PHYSICIAN | 11-1 | 6-86 |
| FUNER, old be d | | 22d. PHYSICIAN'S NAM | AE (TYPE OR | PRINT) | | | 22e ADDRESS | | | | |
| TO FUNERAL should be det with the State IMPORTANT: | | Dr. Anthony | y Bol | lino | | | 955 Freder | rick | St., Cumberland | MD 2 | 1502 |
| 543 34 | 23a. | BURIAL, CREMATION, RE | MOVAL | 23b. DATE | 123c N | AME OF C | EMETERY OR CREMAT | OPV | 23d. LOCATION | | |
| | | (SPECIFY) Burial | | 11/17 | | | | | CITY OR TOWN | COUNTY | STATE |
| -034-13 | 24 E | INFRAI DIRECTOR | | 1 1 / 1 / | ,00 Su | uset | Mem. Par | | Cumberland A | Llegar | ny MD |
| H - 16 60M 7/84 | | NAME Le | asur | e-Stei | n Funer | al H | ome. Ind | o. DATE RI | EC'D. BY REGISTRAR 256. REGISTRA | R'S SIGNATI | URÉ |
| (VRA 15, 4) | _2 | 30 Baltimo | ore | Ave C | umbarla | nd | MD 21502 | MOV | 21 1986 Julia D | cordera- | The state of the s |
| | | | | | | 11117 | | | | 4.4 | |



DHMH - 16 60M 7/84

(VRA 15, 4)

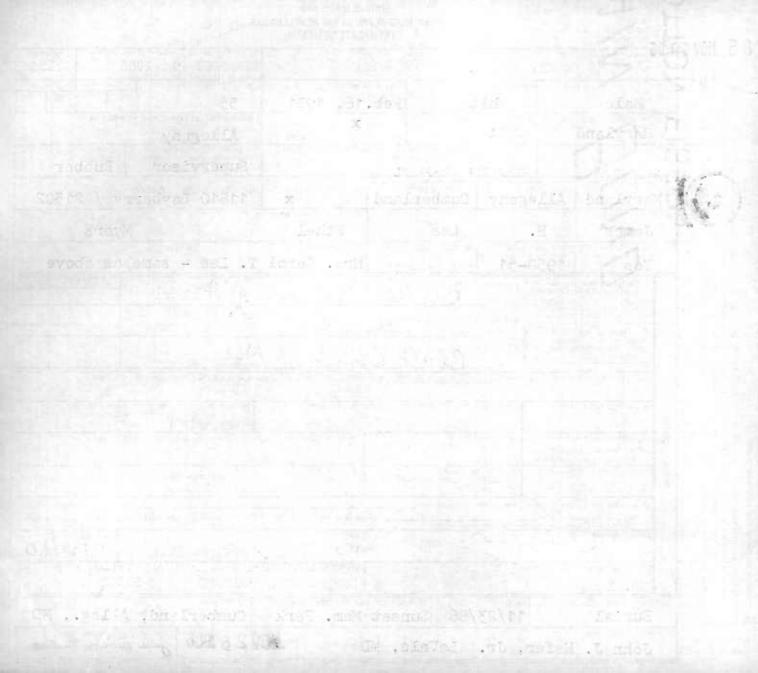
025385

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1- | FOR STATE REGISTRAR | | | DEPART | | EALTH AND | MENTAL HYG DEATH | IENE | REG. N | . | 0 4 | 13 W |
|---|---------------|--|--|-----------------------------------|---|-----------|-------------|----------------------|-------------------|---|---------------------|---|------------------|
| 4 | | EASED NAME | FIRST | | AIDDLE | | AST TETE | | | TE OF DEATH | | DAY YEAR | 26 HOUR 8:25A |
| Ц | | | ROBER | | E | 5. DATE C | EE | | | IN YEARS LAST BIR | | IF UNDER I YEAR | IF UNDER 24 HRS |
| | 1 SEX | Male | | 4 RACE Whi | te | | 16, DAY | 1931 | | 55 | YRS. | MONTHS DAYS | HOURS MIN. |
| 1 | AI BIF | RTHPLACE (STATE OR F | OREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8. | D MEVE | R MARRIED T | | TIMORE CITY O | _ | Y OF DEATH | ME |
| | CI | TY OR TOWN OF DEA | | (IF NOT IN SUC | HOSPITAL, NURSIN H FACILITY, GIVE STREET AT. HOSPIT | ADDRESS) | | STITUTION | 12a US (TYPE O | SUAL OCCUPAT of work for most of upervi | ION DE WORKING I | | F BUSINESS OR |
| | dings | TE ryland | 136 COUN | | GIVE RESIDENCE BEFOR 13c CITY OR TOV Cumber | W. | YES 🗌 | CITY LIMITS? | _ | 1810 B | zip cot | rry / 2 | 21502 |
| が | 1 | James | Н | WIDDLE | Lee | | | r's maiden na hel | ME | WIDDLE | | Myers | т |
| | | VAS DECEASED EVER | I IF YES. GIV | MED FORCES? (E WAR OR DATES) 0-51 | 220-28-9 | | Mrs. | Carol | T. | Lee - | | e as al | oove |
| | N | Conditions, if any, gove rise to imm cause (a), statin underlying cause | which nediate g the last. | (b) | R AS A CONSEQUE | ENCE OF | e mic | 3 | ML | | DITION G | IVEN IN PART 110 | o, |
| 1 | CERTIFICATION | 19a DATE OF OPERAT | NOI | 19b. CONDI | TION FOR WHICH | OPERATIO | N WAS PERF | ORMED | 20a YES | AUTOPSY? | IN CERT | ES, WERE FINDIN IFYING CAUSES (ES | |
| 7 | MEDICAL CE | 21a, ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI | CAUSE OF DEA | HOUR A. | M. MONTH D M. | 19 | 216 HOW | | RED (EN | TER NATURE OF INJU | | PARI I OR PARI 2) COUNTY | STATE |
| | | 220 I certify that (I) sow the decease above, (IHWET)c 226 SIGNATURE | (this haspi ed alive an did) (did no | t) view the body | 19_ | | DEGREE | ATTENDING PHYSICIAN | MED | ICAL STA | FF CIAN [] | Dur and fram the | SIGNED 21/86 |
| | 23a. B | DR. ZAMAN | | 23b. DATE | 1236 | NAME OF C | | ERLAND, | 123d. | LOCATION | | 21502 | |
| | (| Burial | | 11/23 | | | | Park | C | umberl | and, | Alleg | ., MD |
| | 24. FU | JOHN J. | Hafe | r. Jr. | Lava1 | e. M | D | 25a DAI | Nº2 | 6 1986 | | Denden. | |

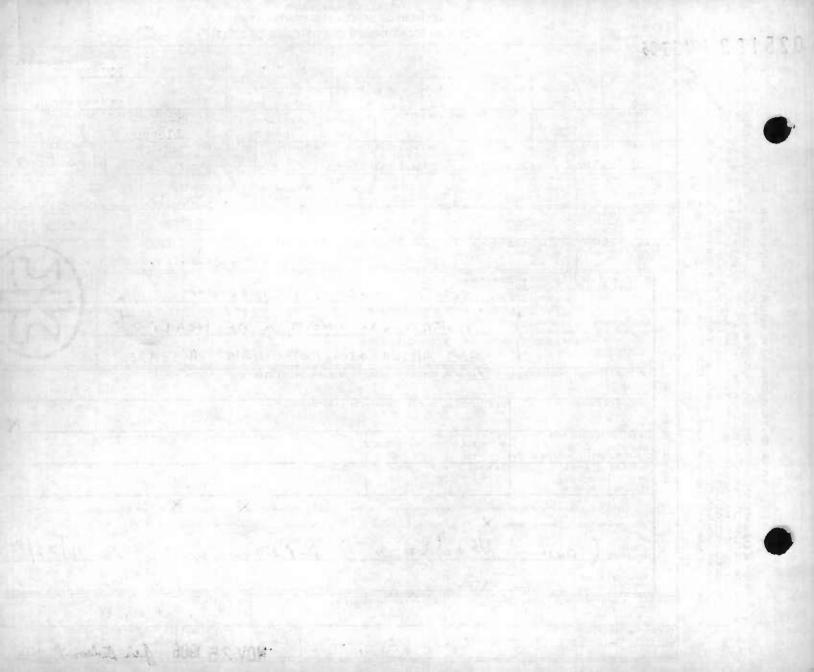
Hafer, Jr. LaVale, MD



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO HOFFA, DIRECTOR, CALON COUR FILES. CALON COUR FILES. CALON STREET, CALON STREET, L DECEASED NAME a. DATE KNOWN X (TYPE OR PRINT) OF ESTI-DEATH MATED 19 86 Thomas Lindsey 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS I IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE PRONOUNCED 10 86 white 18 34 Male 01 DEAD 7a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED FOREIGN COUNTRY OHIO U.S.A. WIDOWED | DIVORCED Allegany B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 17h. KIND OF BUSINESS Sacred Heart Hospital Manager, Gas Company Utility Cumberland SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3ª STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Allegany Cumberland NO KK 306 N Belair Drive MD 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST FIRST THOMAS CAMPRETT BERTHA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 275-26-0690 CAROL LINDSEY 306 BEL AIR DRIVE CUMBER YES. KOREAN 18 CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH ETON ST. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) Hypertensive Heart Disease gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c. CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21201 PRIOR TO BURIAL, PAGE 4 SHOULD BE FORWARDED TO THE COFUNEAL DIRECTOR, PAGE 3 SHOULD BE AFFER DATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND. 21201 PDIME TO THE COFUNEAL DATE OF THE COFUNE THE STATE DEPARTMENT OF THE COFUNE THE COFUNE THE STATE OF THE COFUNE T 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY WHILE NOT WHILE Inspection XX 22a. I certify that I took charge af the remains described above, held an and in my apinion Undetermined manner TITLE (SPECIFY) DATE SIGNED 11/1/86 M.D. Denuty _MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) Giovanni Mastrangelo 900 Seton Dr., Cumberland, MD 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 73c. NAME OF CEMETERY OR CREMATORY NOV 5 1986 PLEASANT CEMETERY MT. STERLING MADISON 07/B4 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** SILCOX-MERRITT FUNERAL HOME CUMBERLAND MARYLAND (VR A15 ME (5))

DROCK-

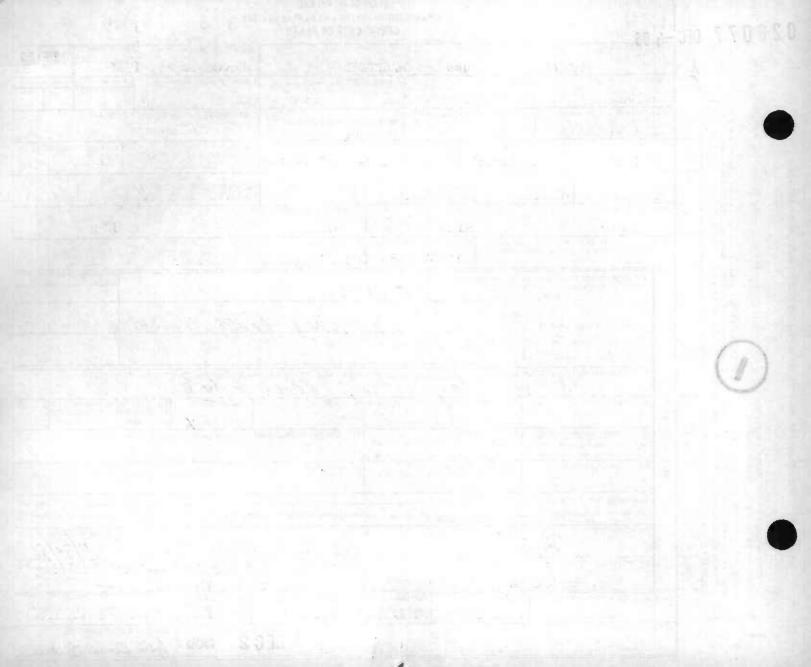
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO 20. DATE KNOWN X TOEGEASED NAME 6:31 OF ESTI-FRANK Jr. DEATH MATED GEORGE LYONS' SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED White DEAD Male 16 64 YRS 11/23/186 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED South Carolina USA WIDOWED DIVORCED Allegany CITY OR TOWN OF DEATH 128 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Education Teacher Cumberland Memorial Hospital & Medical Center 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS WV Morgan Paw Paw P.O. Box 132 A. FATHER'S NAME 15 MOTHER'S MAIDEN NAME 18. GIVE PAGES WITH FORM PM IIT. PAGES I AND 2 , DIJVISION THE WEA George Frank Lyons. Sr. Lillian Marv Edwards 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS LYES NO OR LINKNOWN WW. GIVE WAR OR DATES) Yes Dolores Jean Lyons, PO.Box 132, Paw Paw 247-22-9543 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY: FIBRILLATION VENTRICULAR IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which ANEURISH OF HEALT TRICULM gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION. ARTERIOSCUEROTIC HEART DISEASE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a USED AS A E OF HEALTH A CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? MEDICAL EXAMINER: THIS CERTIFICATE SPROUL SECURE THE CERTIFICATE, WRITING THE WORD "PICE OF SHOULD BE FORWARDED TO THE CHIEF! OF FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED THE DEATH, WITH THE STATE DEPARTMENT OF HE LIMORE, MARYLAND, 21201 PRIOR TO BURIAL. 20 AUTOPSY? NO 710 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN NOT WHILE COUNTY STATE AT WORK AT WORK Inspection X 27a. I certify that I taak charge of the remains described above, held an Autopsy and in my opinion Hamicide Undetermined manner TITLE (SPECIFY) EXAMINER'S NAME Giovanni Mastrangelo, MD ADDRESS 900 Seton Drive, Cumberland, MD 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFBURIA) STATE 11/26/86 Camp Hill Cemetery Paw Paw, Morgan, WV 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Helsley-Johnson Funeral DHMH 17 (VR A15 ME (5))



| | | 1. | FOR STATE | | | DEPA | RTMINT OF | | RYLAND ND MENTAL HYG OF DEATH | IENE 5 0 | 3 | , 0 | 6. | |
|---|--|---------------|---|-------------------|-------------------|----------------------------------|--------------------|--------------|-------------------------------------|---------------------|-----------------------|--------------------------|----------|----------------------|
| 125 | 890 DEC | 14 00 0 | REGISTRAR GEVASED NAME | FIRST | | MIDDLE | CERTI | TAST | , DEATH | 20. DATE OF DE | REG. NO. | DAY YE | EAR : | 810118 |
| | e # 2 | | E OR PRINT) | | | | | | * **** | A | | | | 2b. HOUR |
| | noy be poge 3 | 3. SE | Y | JOHN | 4. RACE | ALEXANI | | MAFF: | LEY | NOVEMD | er 22, | 1986 | | 6:23 PA |
| | often of | | | | | | MON | TH DA | YEAR | - | | | | HOURS MIN. |
| | direct | | Nale | | Whit | | | -25-19 | 912 | 9. BALTIMORE | , 11 | RS | 711 | |
| | of 22 h | | COUNTRY) | POREIGIN | USA | | MARRI | | ER MARRIED | | | | | |
| | e de | | ITY OR TOWN OF DEA | ATH | 11. NAME OF | HOSPITAL, NUR | WIDOW SING HOME | | DIVORCED | 120. USUAL OC | Allegar | | ND OF | BUSINESS OR |
| 10 | of the day | | Cumber1ar | h | (IF NOT IN SUC | emorial | HOED it | - 1 | | retire | | NG LIFE) INDUS | STRY | |
| 1 | ours be n | USU | AL RESIDENCE (IF NURS | ING HOME OR | OTHER INSTITUTION | GIVE RESIDENCE BE | FORE ADMISSION |) | | 1.11.1.1 | | | rari | lroad |
| Q | A Page 74 | 130. : | MD | 13P CON | legany | 13c. CITY OR T | erland | YES X | DE CITY LIMITS? | 13e.STREET ADI | oress/zipc lm Stre | | 02 | |
| YLA | this 2 sh | 14. F/ | ATHER'S NAME | | | | IIIailu | | HER'S MAIDEN NAM | | TIII DUTE | CL/ZIJ | JZ | |
| MAR | w b w b | | FIRST | Geo | orae H. | Maffley | | | FIRST | nes M. | Simpson | | LAST | |
| RE, I | d cor | | WAS DECEASED EVER | IN U.S. AR | MED FORCES? | 166 SOCIAL SI | | 17. INFOR | | 1100 111 | ADDRESS | | | |
| MO | n and c Poges | (| YES, NO OR UNKNOWN) | (IF YES, GIV | VE WAR OR DATES) | 220-10 |)-2568 | Mrs | . Margar | t Maft | ev. Cum | herlan | d. h | MD-wife |
| ALT | cion ol. | | 18 CAUSE OF DEAT | H (Enter on | nly one couse per | f 4 | 1. | | #/ | 17 | | | | ATE INTERVAL |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 24-2 | equires that the control is signed by the critical Then please removed to burial, cremanalinjury, at ather froum | NOI | Conditions, if any, gove rise to imm couse tol, statin underlying couse | mediate ig the | (c) | R AS A CONSE | | T NOT RELA | NTED TO THE TERM | NAL DISEASE O | RCONDITION | GIVEN IN PA | RT Tro | |
| AL RECO | the law rion. ion. ipene prior in permit. | CERTIFICATION | 19a DATE OF OPERA | TIO | 196 COND | ITION FOR WH | ICH OPERATIO | S40 | | | O D IN CE | FYES, WERE FERTIFYING CA | USES C | GS USED OF DEATH? |
| - × | tronsit I Hygier | | 21a. ACCIDENT WAS UNE | - | 21b. TIME O | F INJURY M. MONTH | DAY YEAR | 21c. HOV | W INJURY OCCURR | ED (ENTER NATUR | E OF INJURY IN ITEA | A 18 PART I OR PA | RT 2) | |
| Ö | tysicia ding ph ding ph is certifi burial-tr Mental | MEDICAL | (IF EITHER NOTIFY MEDI | CAL EXAMINER | P. | M. | 19 | | | | | | | 1.00 |
| ISIO | 1 6 4 4 01 | MED | 21d INJURY OCCUR | | | OF INJURY REET, FACTORY, OFFI | CE, FARM | 211 LOCA | ATION TREE T | ./ | ON TOWN | COUN | TY | STATE |
| 2 | or offer the osther the osther of the order marked | | AT WORK | 64 | 1 | | MA | 11 | Se | Y/ | Mr | 2 | 0 | |
| | END olo olo OR:) | | 22a.1 certify that it | Zhis haspi | IM | 21 aused fro | 80 | V . | 19 | | UUV | 19 | | not (1) (we) los |
| | ATT ospirio de fo out. of on 2 | | 27h SIGN TUBE | d) (did o | t) view the body | after death. | | | my) (our) opinion o | eain occurred o | n the date and | hour and from | n the co | Juses stated |
| | ITAL OR A yy the ho; RAL DIREC detoched tote Dept. NT: If them | | 97 | hall | mi | 1 | h | DEGREE | ATTENDING PHYSICIAN | MEDICAL DIRECTOR | STAFF PHYSICIAN | 11 | -2 | 486 |
| | TO HOSPITAL retained by the TO FUNERAL should be deto with the State IMPORTANT: II | | Dr. Terry | y W11 | liams | | | Memo Medi | rial Hosp cal Build | | umberla | hd Md | 21 | 502 |
| | 5 5 4 3 \$ 1 | | BURIAL, CREMATION, | REMOVAL | 23b. DATE | 2 | 3c. NAME OF | | OR CREMATORY | 23d LOCATIO | N | | | |
| | BP | | (SPECIFY) Burial | | 11-25- | -1986 C | Dliver | Grove | Cemetery | oldt | own A | llegan | У | MD STATE |
| | DHMH - 16 60M 7/84 | 24 F | UNERAL DIRECTOR | | | ADDRES | 35 | 911 | 25a DATE | REC'D. BY REG | ISTRAR 256. REG | | | RE |
| | (VRA 15, 4) | | James F. S | Scarpe | elli, Cu | mberlar | id, MD | 21502 | NOV 2 | 8 1986 | Julia D | Tandar - K | feeds | 25) |

25 8 5 0 5 0 5 0 5 THE THE STATE OF THE

| | FOR | DEPA | STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H | YGIENE S S S S S S S S |
|--|---|--|---|--|
| 326077 DEC | - STATE | | CERTIFICATE OF DEATH | REG. NO. |
| - 0 0 1 1 020 | I. DECEASED NAME FIRST | WIDDLE | LAST | 20 DATE OF DEATH MONTH DAY YEAR 26. 12.55 |
| y be | (TYPE OR PRINT) MARGAI | RET RYAN | MAGRUDER | November 29, 1986 P _M |
| e de la | 3. SEX | 4. RACE | 5 DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| ge 4 | FEMALE | WHITE | MAY 4 DAY 1898 | 88 YRS NOWS MIN. |
| death. Pogrunneral direction of an angel | 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) WEST VIRGINIA | 76. CITIZEN OF WHAT COUNT USA | RY? 8 MARRIED NEVER MARRIED WIDOWED V DIVORCED | A 1 1 a cramyr |
| by the fun | 10. CITY OR TOWN OF DEATH Cumberland | 11. NAME OF HOSPITAL NU | RSING HOME OR OTHER INSTITUTION TREET ADDRESS) Ltal & Medical Cente | 120 USUAL OCCUPATION 125 KIND OF BUSINESS OR |
| filled in the gold be for | USUAL RESIDENCE (IF NURSING HOM. 130. STATE 136 CC MARYLAND ALI | E OR OTHER INSTITUTION, GIVE RESIDENCE 8 | EFORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS? | RFD# 3 CUMBERLAND MARYLAND 21502 |
| MARYLY MA | 14. FATHER'S NAME FIRST JAMES | MIDDLE RYAN LAST | 15. MOTHER'S MAIDEN N MOLLY | |
| d cortes l'icale | 160 WAS DECEASED EVER IN U.S. | | SECURITY NO. 17. INFORMANT | ADDRESS |
| Page - | (YES, MO OR UNKNOWN) (IF YES, | GIVE WAR OR DATES) 215-32 | 2-3486 COY HUFFMAN I | RFD#3 CUMBERLAND MD. 21502 |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ING PHYSICIAN. The law relatives that the death contrensing physician then the certificate has been 1. Effect by the attending as the burnof-transit permit. The please monore cach the and Mental Hygiere priors although more cach in and Mental Hygiere priors although comprises. In- street or the or 48 Mental any injury, or other tresumation. | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFIGAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING | DUE TO, OR AS A CONSE | OUENCE OF | RMINAL DISEASE OR CONDITION GIVEN IN PART 110. 200-CAUTOPSY? 100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 10 |
| OF VIII OF VII | OR CONTRIBUTION CALLES OF | DEATH HOUR A.M. MONTH | DAY YEAR | JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) |
| offer the cost the burn of the | U EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED white NOT White AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF | 21f LOCATION STREET | CITY OR TOWN COUNTY STATE |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | ospital) attended the deceased fro | | , to, that (I) (we) lost |
| A PATTE | | on not view the body after death. | | n death occurred on the date and hour and from the causes stated |
| ALOR ALDIR defochs oute Dep | 22b. SIGNATURE | lett- | DE GREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN 11/30/56 |
| A SPET | 22d. PHYSICIAN'S NAME | COLMINE) | 220 ADDRESS Memo | cial Hospital Medical Building |
| Of 554 84 | Dr. Ran | The second secon | | erland, MD 21502 |
| | 230. BURIAL, CREMATION, REMOV | | 23c. NAME OF CEMETERY OR CREMATORY | |
| BP | BURIAL 24 FUNERAL DIRECTOR | DEC 2 1986 | HILLCREST CEMETERY | CUMBERLAND ALLEGANY MARYLAND |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | FINERAL HOME CI | MRERIAND MARVIAND | ATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE |



| | | Leasure-S | | | | | | ~ | 0 3 | 1 8 |
|--|---------------|---|--------------------|-----------------|---------------------|-------------------------------|---------------------------|------------------|-----------------------------|----------------------|
| | 1- | FOR 230 Balt: STATE REGISTRARCumberlai | | | | HEALTH AND MENTAL HYG | | 2 | 0 6 | 4 3 |
| 025 194 NOV | 1,050 | CASED NAME FIRST | | MIDDLE | | LAST | REG. No. | | Y YEAR | 2b. HOUR |
| e e e e | EHALE | Nelson | Mal | one | Mar | tin | November | 19. | 1986 | 23:50A |
| you pool | 3. SE | (| 4. RACE | | 5. DATE O | | 6. AGE (IN YEARS LAST BIR | | UNDER I YEAR | IF UNDER 24 HRS |
| ector | | Male | В | ack | June | 05 .005 | 61 | YRS. | DAYS | HOURS MIN. |
| h. Po | 7a. B | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COU | NTRY? 8. | D NEVER MARRIED | 9 BALTIMORE CITY C | | | |
| deort deort | | aryland | U.S | S.A. | WIDOW | DIVORCED | Allegany | | | ME |
| 4 4 6 | | TY OR TOWN OF DEATH | (IF NOT IN SUC | H FACILITY, GIV | E STREET ADDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPATI | OF WORKING LIFE) | INDUSTRY | BUSINESS OR |
| since and a second | | umberland AL RESIDENCE (IF NURSING HOME O | | | e BEFORE ADMISSION | Ital | Ticket A | gent | Rail | lroad |
| 24 ho | 130. 5 | STATE 13b COU | NTY | 13c. CITY O | RTOWN | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS | | | 21502 |
| (und) | | THER'S NAME | egany | | erland | YES NO I | | ral A | ve. | 21502 |
| | | James O | scar | Ma | rtin, S | r. Columbi | MIDDLE | | Malo | one |
| nd corregions and corregions and corregions and corresponding to the corrections and corresponding to the correspo | | VAS DECEASED EVER IN U.S. A | | | L SECURITY NO. | 17 INFORMANT | ADDRE | SS | 1101 |)IIC |
| n onc | (| | WII | 2181 | .63675 | Chinka Mart | in sam | e as | 13a-e | |
| ysicio opers vol. | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | inly one cause per | line for (a), | (b), and Ici.1 | | , 1. | | APPROXIA BETWEEN O | MATE INTERVAL |
| g ph g ph remo | | | TE CAUSE (0) | Massin | u Pul | minuted em | liste | | m | one |
| oth c endir | | | DUE TO, O | R AS A CON | SEQUENCE OF | · · · /. | tes mellet | · | | |
| ne de motion motion trou | | Conditions, if ony, which gave rise to immediate cause (a), stating the | (b) | HARRA | ngeguers | un - prouse | us meers | ng | | |
| ING PHYSICIAN: The low requires that the death certificate be executed within 24 often this certificate has been signed by the ottending physician and complemental than the buriel-tronsit permit. Then please remove carbon papers. Pages on the hand Mental Hygiene prior to buriel, cremation, or removal. Outled or fem 18 shows any injury, or other traumatic event, the medical committee my | | underlying couse lost | DUE TO, O | R AS A CON | SEQUENCE OF | | | | 200 | |
| gned n ple burio | | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTIN | G TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVE | N IN PART 10 | |
| en sig | CERTIFICATION | Dialute | 1 1/1000 | ritus | | L CH W | | | | |
| low son | FICA. | 19a. DATE OF OPERATION | 196. COND | ITION FOR V | VHICH OPERATIC | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, | WERE FINDIN ING CAUSES (| GS USED OF DEATH? |
| The sicion of the house | ERTI | 210. ACCIDENT WAS UNDERLYING | 7 21b. TIME C | E IN HIRY | | 21c. HOW INJURY OCCUR | YES NO | YES | | NO P |
| physical troop in 18 | | OR CONTRIBUTING CAUSE OF DE | HOUR A. | M. MONT | H DAY YEAR | The HOW INJUNIOCCOM | LENIER NATURE OF 1030 | KT IN HEM IB PAR | D FORPARI 2) | |
| HYSIC ading solinis cer les or les or les | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED | 21e PLACE | OF INJURY | 19 | 211 LOCATION | | | | |
| G Ph offen offen s the s ond rked | W | WHILE NOT WHILE AT WORK | (AT HOME, STE | REET, FACTORY, | OFFICE, FARM, ETC.) | STREET | CITY OR TO | WN | COUNTY | STATE |
| ZDIN Lor Sanor | | 22a. I certify that (I) (this hosp | | | | 5 - 19 86 | | , 19 | 86 . | hot (I) (we) los |
| ATTER Spito CTOI I for of H | | sow the deceased alive a obove, (1) (we) (did) (did n | ot) view the body | ofter deoth. | 19 <u>36</u> ,0 | nd that in (my) (our) opinion | deoth occurred on the de | ate and hour o | and fram the c | ouses stoted |
| OR , | | 27b. SIGNATURE | 0. | | 0 | DEGREE ATTENDING | MEDICAL STA | F F | 22c DATE S | |
| TAL by the State e det | | 22d, PHYSICIAN'S NAME (TYPE | OR BRIDE | M | | PHYSICIAN [| DIRECTOR PHYSIC | IAN [] | 111- | 20-86 |
| TO HOSPITA retoined by TO FUNERA should be de with the Stot | | Dr. Mohan | | fici | | | Drive Cumbe | ml and | Mal | 21502 |
| Shoot Shoot | 23a F | URIAL, CREMATION, REMOVA | | TTET | 123c. NAME OF C | EMETERY OR CREMATORY | 123d LOCATION | rraliu, | rid, . | 21302 |
| BP | | Burial | 11/21 | /86 | | wn Cemetery | CITY OR TOWN | | COUNTY | STATE NV MD |
| DHMH - 16 60M 7/84 | 24 FI | INFRAL DIRECTOR | | - | | 25a DA | D BY REGISTRAR | 25b. REGISTRA | AR'S SIGNATU | JRE I'ILD |
| (VRA 15, 4) | 2 | name Leas | are-sce | TII FO | meral | Home, Inc. | 25 1986 | 1. | | |

White was a billion of the first state of 198 3 S VIII

| | 1 | FOR | | | DEP | STAT ARTMENT OF I | E OF MARY | | GIENE R 6 | -3 | 0 0 | 23 0 |
|------------|---------------|---|----------------|------------------------|--|--|---------------|------------------------|--|------------------|------------------|----------------------------------|
| 8 NOV 18 | 16 | STATE REGISTRAR | | | | | ICATE OF | | REG. N | 10. | 0 2. | |
| | | CEASED NAME | FIRST | | MIDDLE | | AST | | 2a. DATE OF DEATH | | AY YEAR | 26 HOUR |
| er de oth | | | DERICE | K SI | TEVEN | MA | SON | | November 9 | , 1986 | | 1:35A M |
| X | 3 SE | X | 4. | RACE | | S. DATE (| | 1044 | 6 AGE (IN YEARS LAST BE | RTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| | | male | | white | 2 | 4 | 29 | 1916 | 70 | YRS. | | |
| 5/1 | | RTHPLACE (STATE OR FO | REIGN 76 | | WHAT COUN | TRY? 8 | D S NEVER | R MARRIED | 9 BALTIMORE CITY | _ | OF DEATH | 2 H.J. 5 |
| 2 | | WV | | U.S.A | | WIDOWI | D . | DIVORCED [| Allega | | | MD. |
| 50 | | ity or town of DEAT Cumberland | H / 11 | (IF NOT IN SUC | HOSPITAL, NU CHEACILITY, GIVES CIAL HO | RSING HOME (TREET ADDRESS) Spital | OR OTHER IN | STITUTION | 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Laborer | | INDUSTRY | ighway |
| 0 | 13a. | AL RESIDENCE (IF NURSINGTATE | COUNTY | HER INSTITUTION | GIVE RESIDENCE | BEFORE ADMISSION) | 13d INSIDE | CITY LIMITS? | | / 7IP CODE | | 20000 |
| 2 | | WV | Minera | a1 | Elk Ga | rden | YES 🔼 | NO 🗌 | 13e.SIREET ADDRESS EIK Gard | en WV | 26717 | 19977 |
| 7/1 | HAJE. | THER'S NAME FIRST | WIE | DDIE | LAST | | | R'S MAIDEN NA | MIDDLE | | T . 1 LAS | |
| 1 | | James | | | Maso | | | rtha | | | Burke | |
| O CO | 16a. \ | VAS DECEASED EVER IN YES, NO OR UNKNOWN) NO | U.S. ARME | | | SECURITY NO. | 17 INFORA | | Elk Garden | | 6717 | |
| | | No | | | 236-12 | -8806 | Clara | Mason | EIR Galuer | 1, WV Z | | |
| Č. | | 18. CAUSE OF DEATH PART I. DEATH WA | Enter only | one couse per | line for 191, (b | i, and (ci.) | - 1 | | | | SETWEEN C | MATE INTERVAL ONSET AND DEATH |
| | | | MMEDIATE | CAUSE (o) | 11131 | Lury | CII | | | | | |
| 100 | | | | DUE TO, O | R AS A CONSI | EQUENCE OF | | | | | | |
| | | Conditions, if ony, | which | (b) | | | | | | | 1000 | |
| r tr | | gove rise to imme | diote | DUE TO O | B 45 + 60+161 | FOUR LICE OF | | | | | | |
| oth | | underlying cause | | 100000 | R AS A CONSI | EQUENCE OF | | | | | | |
| ury. or | z | PART 2. OTHER SIGNI | FICANT CO | NDITIONS CO | ONTRIBUTING | TO DEATH BUT | NOT RELATI | ED TO THE TERM | MINAL DISEASE OR COM | IDITION GIVI | N IN PART 110 |) |
| ie A | CERTIFICATION | 19g. DATE OF OPERATI | ON | 1101 CONID | ITION FOR WA | HICH OPERATIO | ALVAC DEDE | OBUED | 20e AUTOPSY? | Tan IF VEC | MEDE EN ION | 100 |
| 18 shows a | 5 | 198. DATE OF OPERATE | 014 | 198. COND | IIION FOR WI | TICH OPERATIO | IN WAS PERI | OKWED | 200 AUTOPST | IN CERTIF | , WERE FINDIN | OF DEATH? |
| 1 | E | | | | F 14 1 11 18 14 | | Ton House | | YES NO | | | NO 🗆 |
| 8 | | 21a. ACCIDENT WAS UNDE | | 21b. TIME O HOUR A. | | DAY YEAR | ZIC HOW | INJURY OCCUR | RED (ENTER NATURE OF INJ | URY IN ITEM 18 P | ART I OR PART 2) | |
| 7 | S | (IF EITHER, NOTIFY MEDICA | | Ρ. | M. | 19 | | 13 | | | | |
| / | MEDICAL | 21d INJURY OCCURRE | | 21e. PLACE | OF INJURY | FICE FARM ETC) | 21f. LOCAT | | CITY OR TO | OWN | COUNTY | STATE |
| X. | 1 | AT WORK NOT WHILE | | | | | | | | | | |
| | | 22a.1 certify that (1) (1 | his hospitol |) ottended th | e deceosed fr | om | | , 19 | , to | | 9 | that (I) (we) lost |
| 7 | | sow the deceosed obave, (I) (we) (die | olive on | un the bed | often doest | 19 o | nd that in (m | y) (our) opinion | deoth occurred on the o | lote and have | and from the | couses stoted |
| E | | 226 SIGNATURE | A A | ylew the body | offer deofn. | | DEGREE | | | | 22c DATE | SIGNED |
| ± ± | | 140 | 111 | | 1. | | | ATTENDING PHYSICIAN | MEDICAL STA | FF CIANI | 11/1 | |
| 1 | 1 | 22d. PHYSICIAN'S NA | AE (TYPE OR PI | RINT) | | | 22e ADDRI | ESS | | | 1 | |
| POR / | | Dr. H. M | erric | k | | | | | rial Hospita erland, MD | 1 & Me 21502 | edical | Building |
| 7 | 23a | BURIAL, CREMATION, R | EMOVAL | | | 23c NAME OF C | | CREMATORY | 23d LOCATION | | ******* | 11416 |
| | | SPECIFY) Burial | | 11/11 | /86 | Schwin | abart | | Elk Garde | en M | ineral | WYNTE |
| 7/84 | | JNERAL DIRECTOR | | | | | | 250. PA | TE REC'D. BY REGISTRAF | 256. REGISTE | AR'S SIGNATI | |
| 1.50 | D. | A. "Burdock | Bx. 5 | 23 Kit | zmille | r, Md. 2 | 21538 | N. | DV 1 7 1986 | 1. | Tiondon: | 1 |
| | | | | | | | | | | 1 course | مرحمولتا الماري | fandale_ |

Meyersdale, Pa. 15552

DHMH 15 50M 7/84

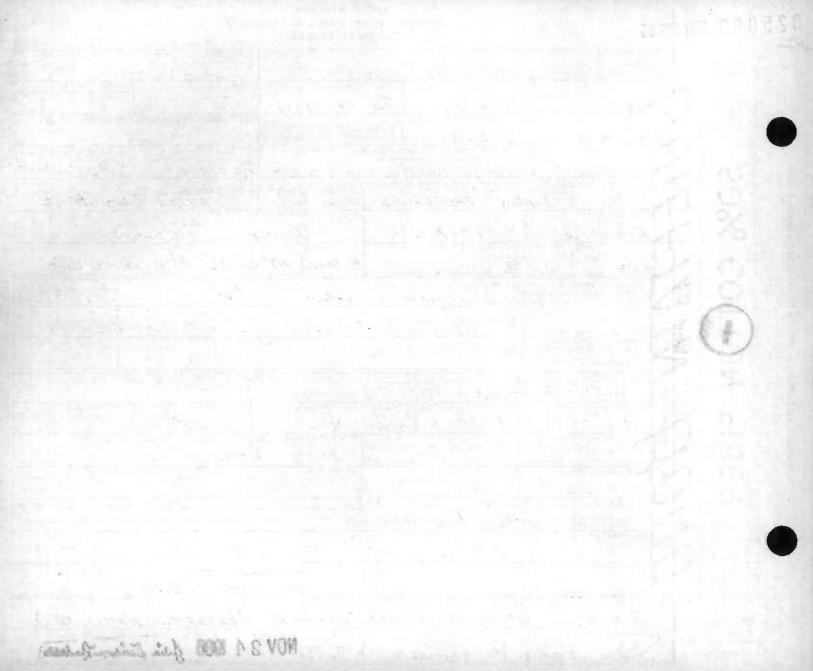
(VRA 15: 4)

| | | | | | FOR | | | DEDADT | | E OF MARYLAND EALTH AND MENTAL HY | CIENE 85 7 | 3 | 0 2 | 4 5 |
|-----------------|-------------|--|----------|---------------|--|----------------------------|------------------|------------------------|---------------|--------------------------------------|--|-------------|------------------------|----------------------------------|
| 25 | i | 0.2 | MON O | 1. | STATE | | | DEFARI | | ICATE OF DEATH | REG. | NO. | | |
| 20 | 4 | 06 | NUY Z | | SEASED NAME | FIRST | | MIDDLE | | AST | 20. DATE OF DEATH | MONTH | DAY YEAR | 26. HOUR |
| | be | page 3 | | / | | illa | | Jewelle | M | cFarland | of the same of the | 11 | 23 86 | 8:50P M |
| | mo) | er d | 10 | 3. SE | (| 4. | RACE | | 5. DATE C | OF BIRTH | 6. AGE (IN YEARS LAST | BIRTHDAY) | IF UNDER I YEAR | IF UNDER 24 HRS |
| | 9 | ector rs of | | | Female | | White | | 11 | 09 16 | 68 | YRS. | MONIHS DAYS | HOURS MIN. |
| | 9 | P g € | 70 | | RTHPLACE (STATE OR FO | | | WHAT COUNTRY | 8 | NEVER MARRIED | 9 BALTIMORE CITY | | Y OF DEATH | |
| | deoth. | n 72 | lo to | | nited State | es | Unit | ed States | | | 42.2 | Count | v | MD |
| | ofter d | with to | 8-1 | | TY OR TOWN OF DEA | | . NAME OF | | NG HOME C | OR OTHER INSTITUTION | 12a. USUAL OCCUP. | ATION | 12h KIND OF | BUSINESSOR |
| 5 | | by # | 3 | Fr | ostburg | | | urg Commi | | Hospital | Opera | cor . | Candy | Co. |
| ARYLAND 2120 | hours | d be | - Pe | USU | AL RESIDENCE (IF NURSE | | HER INSTITUTION | | RE ADMISSION) | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRES | S / 7IP COD | E | |
| NA | 24 | 13/3 | CAC | | arvalnd | Allea | | Frostbu | | YES X NO | 103 Ormo | | | 1532 |
| RYL/ | within | See of | 多人 | | THER'S NAME | | ODLE | LAST | | 15. MOTHER'S MAIDEN N. | AME MIDDLE | | | |
| WA | o o | TO BE | PE) | | Allen | 7411 | | ennison | | Nellie | MIDDLE | | Geary | |
| ORE, | ecut | ond co | medicol | | VAS DECEASED EVER I | | | 16b. SOCIAL SEC | | 17 INFORMANT | ADI | RESS | | |
| BALTIMOR | 9 90 | Poges. | E | L. | No | [# 123, 0112 1 | YAN ON DAIES | 215-20-5 | 5887 | Edgar Mc | Farland, | Same | as 13e | |
| MALT | ote k | sicio pers | , the | | 18 CAUSE OF DEATH | Enter only | one cause per | line for (a), (b), or | nd (c i.) | | | | APPROXIM BETWEEN OF | MATE INTERVAL INSET AND DEATH |
| - | certificate | phy | vent | | PART I. DEATH W | AS CAUSEĎ I IMMEDIATÉ (| BY: CAUSE (a) | ani | T U | mocardial | Infanct. | on | | |
| N N | | ding or re | atic e | | | WW.EDIAIE. | | R AS A CONSEQU | ENICE OF | | A CLASSIC | | | |
| PRESTON | depth | ve ci | E | | Canditians, if any, | which | (6) | | man | arten de | islas | | 113000 | |
| | hed | emo emo | er tro | | gave rise to imm couse (a), stating | ediate | DUE TO O | R AS A CONSEQU | / | , | | | | |
| ₹. | hot | by the base of the | oth | - 10 | underlying cause | | (10) | K AS A CONSEGO | ENCE OF | | | | 282.05 | |
| 20 | es + | ple noring | y, o. | H. | PART 2. OTHER SIGN | IFICANT CO | NDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TER | MINAL DISEASE OR CO | NDITION GI | VEN IN PART 11a | 1 |
| RECORDS | 5 | Ther | in in | ON N | | | | | | | | | | |
| 0 | - MC | mit. | àu ? | CAT | 19a DATE OF OPERAT | ION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YE | S, WERE FINDING | GS USED |
| 1 R | he | hos t per | 0 | CERTIFICATION | Salle | | | | | | YES NO | IN CERTI | IFYING CAUSES (| NO [] |
| T | Z | rease h | 48 | H. | 21a. ACCIDENT WAS UND | | 216. TIME C | | 4510 | 21c HOW INJURY OCCU | | | PART 1 OR PART 2) | |
| OF | PHYSICIAN: | a # 1 a | liem | AL | OR CONTRIBUTING C | | | M. MONTH D | AY YEAR | | | | | |
| O | HYSIC | buri | | MEDICAL | 21d. INJURY OCCURR | | 21e. PLACE | OF INJURY | | 211 LOCATION | CITY OF | | COUNTY | |
| DIVISION OF VIT | ING PHY | er th | ked | Z | WHILE NOT WHI | LE 🗌 | (AT HOME, ST | REET, FACTORY, OFFICE, | FARM, ETC | STREET | CITA ON | IOWN | COUNTY | STATE |
| ۵ | NO | Se p | E | | 220.1 certify that (1) | this hospital |) attended th | ne deceased from . | | | ta | | 19 | hat (I) (we) last |
| | ATTEND | TOR | 21 is | | saw the decease abave, (1) (we) (d | d alive an | | 19_ | , ar | nd that in (my) (aur) apiniar | death occurred an the | date and ho | | |
| | 04 - | REC Ped 1 | E | | 22b. SIGNATURE | a) (ala nat) y | view the bady | after death. | | DEGREE | | | 22c. DATE S | IGNED |
| | the h | e pod | = | | N RE | n H | To | -0 | | ATTENDING PHYSICIAN | MEDICAL S | AFF | | |
| | PITAL | Stories | Z- | | 22d. PHYSICIAN'S NA | ME (TYPE OR P | RINT | | | 22e. ADDRESS | DIRECTOR PHT. | SICIAN [| | |
| | O HOSP | TO FUNERAL I should be deto | MPORTANT | | Dr. Jesi | ıs Tan | MD | | | Hocks Diaz | Enacthuse | Md 2 | 1532 | |
| | 0 5 | ohs ohs | ¥ | 23n | URIAL CREMATION F | | 23b. DATE | 23, | NAME OF C | Hecks Plaza | | riu Z | 1332 | |
| | В | D | | | Burial | | | | | | CITY OF TOWN | athua | rg, Md. | STATE |
| | | | | 24. FI | DUP 18 1 | | NOV 2 | 0 06 FT | OSTO | irg Memoria | I Pk, Fro | RISS PECIS | TRAP'S SIGNIATIO | DF . |
| | | H - 16 60A | | | NAME | | | ADDRESS | | N. 01500 | TE REC'D. BY REGISTR. | Alia | Devider . | andous |
| | | (VRA 15, 4 | 4) | | Durst Fur | ieral | Home | Frost | burg, | Ma 21532 M | DV 25 1986 | 1 gundan | | |

| 024112 NOV | 18. | SCARPELL SATE VIRG REGIST CAUMBER LAI | I FUNER | AL HOME DEPARTA | AENT OF H | E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH | IENE 3 0 | 3 | 0 4. | 4/ |
|--|---------------|---|---------------------|---|------------------|--|--|------------------|-------------------|-------------------------------------|
| | | CEASED NAME FIRST | | MIDDLE | | AST | 20. DATE OF DEATH | | AY YEAR | 26 HOUR |
| moy be poge 3 | | LUCILI | | MILDRED | | MCGEADY | NOVEMBER | | 1986 | 11:45A |
| ge 4 mc ector. p | 3. SE | x Female | 4. RACE Whi | te | S. DATE O | t. 24, 1896 | 6. AGE LIN YEARS LAST BIR | | ONTHS DAYS | HOURS MIN. |
| 252 di | 7a B | RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | 76. CITIZEN OF USA | WHAT COUNTRY? | MARRIE WIDOWI | D NEVER MARRIED DIONORCED | 9. BALTIMORE CITY O | | | MD |
| s offer de soffer de monfilied o | | TY OR TOWN OF DEATH Cumberland | | HOSPITAL, NURSIN | G HOME O | OR OTHER INSTITUTION | 120. USUAL OCCUPATO (TYPE OF WORK FOR MOST O Retired | ION | 12b. KIND C | of Business OR |
| AND 212 | | AL RESIDENCE (IF NURSING HOME STATE 136 COL | PROTHER INSTITUTION | 134, CITY OR TOW | and | 13d. INSIDE CITY LIMITS? | 131 POLK | St. CODE | 21502 | 2 |
| MARYL, mpletely pard 2 sh | 14. F/ | ATHER'S NAME FIRST George | W. Mc De | ermott | | 15. MOTHER'S MAIDEN NAM Mattida | | | LAS | sī |
| IMORE, | | WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C | RMED FORCES? | 166 SOCIAL SECU 214 05 | | Mr. Thomas O | . Mc Geady, | | eley,W. | Va. Son |
| Certificate of the property of | | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE IMMED) | ATE CAUSE (o) | CAKBIOK | >>>V | SATORY ARRES | .57 | | APPROX BETWEEN | IMATE INTERVAL ONSET AND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The description of completely filled in by the oriending physician within 19 the oriending physician with this certificate has been signed by the oriending in Circles and completely filled in by on the buriol-travell partier. Then please embangables shows 1 ord 2 should be fill the and Mannal Hypties pries to be a completely filled in by orked or frem A8 how any rejure at other transmitterests, the medical worldness may be filled. | THE STATE OF | Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. | (b)_ | PAS A CONSEQUE PAS A CONSEQUE DRAS A CONSEQUE | NCE OF | D CARCINE |) WA | | | |
| RDS, 20 equires magned Then pla r to burn r to burn r in burn r in burn | NOI | PART 2. OTHER SIGNIFICANT | CONDITIONS | CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVE | N IN PART 1 | a · |
| AL RECO | CERTIFICATION | 190 DATE OF OPERATION | 196. CON | DITION FOR WHICH | OPERATIC | N WAS PERFORMED | 200 AUTOPSY? YES NO | | WERE FINDI | |
| PHYSICIAN: The certificate to build-trained and mental Hysician dor them 18 do | ICAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN | EATH HOUR A | OF INJURY A.M. MONTH DA P.M. | AY YEAR | 21c HOW INJURY OCCURE | RED (ENTER NATURE OF INJUI | RY IN ITEM 18 PA | RT I OR PART 2) | |
| DIVISION DING PHYS or ottendin After this of the buy alth and Mo morked or I | MEDI | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | | OF INJURY TREET, FACTORY, OFFICE F | ARM, ETC) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| TEND or use or use or use of Heal | d | 22a.1 certify that (I) (this has saw the deceased alive of abave, (I) (we) (did) (Bid) | ın | 19 | | nd that in (my) (aur) apinian o | , to death occurred an the do | | | that (1) (we) last causes stated |
| TAL OR AT Y the hosp RAL DIRECT detoched f detoched f note Dept. o | | 22 SHGNATERE | - Lace | 5MD | | DEGREE ATTENDING PHYSICIAN | MEDICAL STAI | | 22c. DATE | SIGNED |
| TO HOSPITAL retoined by the TO FUNERAL should be det with the Store IMPORTANT: I | | WILLIAM MAR | | | | 22e ADDRESS | | | | |
| BP | 23a. I | BURIAL, CREMATION, REMOVA | 236. DATE 11-1 | 2-1986 S | S. Pe | ter & Paul Ce | m. Cumberl | and, A | llegan | y, Marie |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 24 F | NAME James F. | Scarpel | li, Cumbe | rland | 1, Md. NOV | 1 4 1986 | 25b. REGISTR | AR'S SIGNAT | URE |

| | | TB 08 SCAMPUL VIRI OLIVETRU | |
|--|---|-----------------------------------|--|
| Andrea Table of American | TO MILDRET PROFILE | 1100 | |
| | No. 2 (in 1988) N. M. | | |
| MIRENA YEARRIA | | THE LAND | |
| 10 - 1 - 10 - 10 - 10 - 10 - 10 - 10 - | INTEREST TOTAL NAMED OF | | |
| AL STORY ALL | the feet of the second | | |
| nata . | alfitte. Programme and the | on tone | |
| . He was to a little Dr I'v. an | reson respective of the | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | AM MALLIONIL | |
| | | | |
| | VOM CONTINUE , LEFE | | |

| Fraley's | STATE OF MARYLAND | | | | | | |
|--|--|-------------------------------------|--|--|--|--|--|
| 025093 NOV: | | . 4 6 | | | | | |
| 052022 MAN. | 45 USTATE CERTIFICATE OF DEATH | | | | | | |
| 10- | REG. NO. 1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEA | 2b. HOUR12:40 | | | | | |
| e e e e e e e e e e e e e e e e e e e | [TYPE OR PRINT] | 12:40 | | | | | |
| nay be | MILTON CRABLE MC NEIL November 16, 1986 | A. M | | | | | |
| fer p | 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 Y MONTH DAY YEAR | EAR IF UNDER 24 HRS. AYS HOURS MIN. | | | | | |
| ge ecto | MALE WHITE RB. 14, 1911 15 YRS. | | | | | | |
| a in the state of | 76. BIRTHPLACE (STATE OR FOREIGN 78. CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH | 1 | | | | | |
| deoth. Pag | MARYLAND U.S.A. WIDOWED DIVORCED Allegany | MD. | | | | | |
| D D D D D D D D D D D D D D D D D D D | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIN | D OF BUSINESS OR | | | | | |
| 10 to the total | | countrat | | | | | |
| hours hours | USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | UGINERS | | | | | |
| ND 24 H | The straight of the contract o | freet/ | | | | | |
| thin thin | TA. FATHER'S NAME IS. MOTHER'S MAIDEN NAME | 77-10-7 | | | | | |
| ARY with | FIRST MIDDLE AST FIRST MIDDLE / 1 | LAST | | | | | |
| A see | AMBROSE MENERAL HANNA WEZTON ADDRESS ADDRESS ADDRESS | | | | | | |
| ond ages | (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) | 11/16 | | | | | |
| BALTIMORE, cote be execu- cote be execu- sysicion and co- sysicion and co- youl. | 453 WWTE 232-22-0311 EVALYN MENEILL- MOOREFIEL | | | | | | |
| BAL icote pape avol. | DAPTI DEATH WAS CALISED BY. | PROXIMATE INTERVAL | | | | | |
| ph ph | TART DESITIONAS CAUSED BIT | | | | | | |
| NO E TO | DUE TO, OR AS A CONSEQUENCE OF | 1 11 | | | | | |
| PRESTON de de d | Conditions, if ony, which (16) A Keloseletotic Coronary Vascular Duseose | 10 rears | | | | | |
| | gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF | | | | | | |
| W o o o | underlying cause lost. | | | | | | |
| s, 201 gned in plec burial | PART 2 OTHER SIGNIFICANT CO DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR | T 1/o | | | | | |
| DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The law requires th ottending physician. fler this certificate has been signed to st the burial-stransit permit. Then plea th and Mental Hygene prior to burial arked or tem 18 Afaws any injury, or a | & tracture Right Hip | | | | | | |
| ECOI Derior any any any | TY active Hip. 190. DATE OF OPERATION 1906 CONDITION FOR WHICH OPERATION WAS PERFORMED 2006 AUTOPSY? 2016. IF YES, WERE FIN 11 2 186 Fractive Right YES 1210. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 2116. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART | | | | | | |
| LR ws ws | 11/2/86 Fracture Right Her VES NOT IN CERTIFYING CAU | SES OF DEATH? | | | | | |
| VITA Nysicio icate ransit Hygie | 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART | | | | | | |
| Physical Phy | OR CONTRIBUTION CONTRACT CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR | | | | | | |
| ON O HYSICI ding p burial Mento or Hem | (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. (1986 Fell 9 Home 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY | | | | | | |
| PH Henry PH | WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK | STATE | | | | | |
| PINO OLINO | AT WORK AT WORK | | | | | | |
| ol o | 226.1 certify that (I) (this hospital) attended the deceased from 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | , that (I) (we) last | | | | | |
| Septiment of the septim | saw the deceased alive an 0030 1/1/6 19 86, and that in (my) (aur) apinion death accurred an the date and hour and from above, (1) (we) (did) (did not) view the body affer death. | | | | | | |
| OR DEP | 226. SIGNATURE DEGREE 221. D ATTENDING MEDICAL STAFF // | ATE, SIGNED | | | | | |
| | PHYSICIAN D DIRECTOR PHYSICIAN 1 | 119100 | | | | | |
| HOSPITAL ned by the FUNERAL side be detailed by the State of the State | 27d PHYSIGIAN'S NAME (TYPE ANNIEL) 27e ADDRESS 925 Seton Drive | | | | | | |
| TO HOSS etained TO FUN should be with the | Dr. Starvnski Cumberland, MD 21502 | | | | | | |
| (10 / 10 / 3 M | 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION | | | | | | |
| 494 BP 94 | BURIAR 11/18/86 OLIVET CEMETERY HOREFIELD HARDY | 1-4.12 | | | | | |
| 111111 | 24 FUNERAL DIRECTOR 25s. DATE REC'D. BY REGISTRAR 25s. REGISTRAR'S SIGN | | | | | | |
| DHMH - 16 60M 7/84 (VRA 15, 4) | Thou Fraly MODRER LOLD, Ulls. 26836NOV 2 4 1988 Julie Sinder | A. Carlo | | | | | |
| (************************************** | John A Lord LIDBURE LEED, C. A. COODS 1 1000 Blanch | - | | | | | |



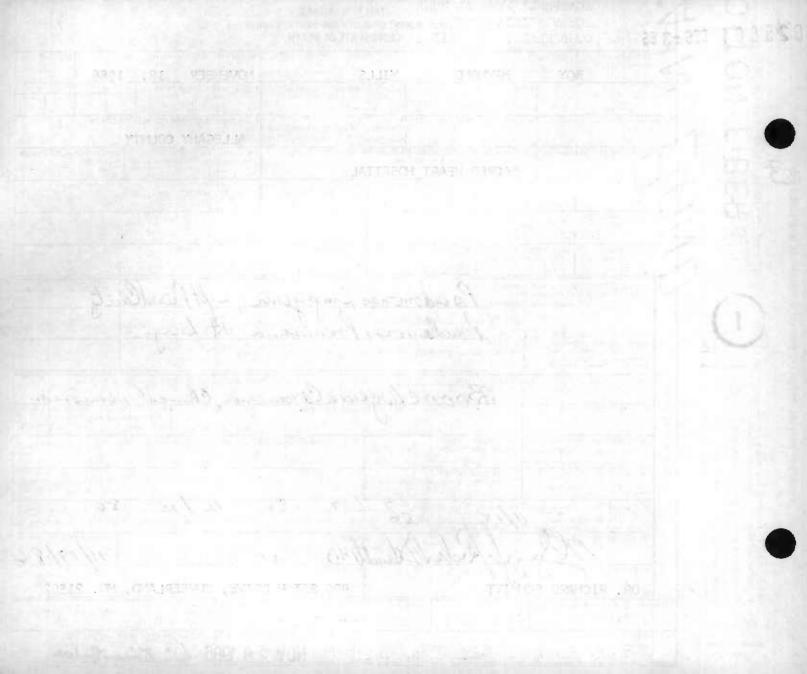
| | | | | | | | | | | ARYLAN | | | | | | |
|-----|------------|--|---------------|--|------------------------|---|---|-----------------------------------|-------------------|------------------|----------------|----------------|----------------------|--------------------|------------------------|-----------------------------|
| 0.0 | F 0 | | 11- | FOR STATE | | | | MENT OF | | | | YGIENE | 0 | 5 6 | then they | 7 |
| 02 | 27 | 4 4 NOV | 25 E | GISTRAR | | ME | | EXAMIN | ER'S | ERTIFIC | CATEO | F DEAT | H RE | G. NO. | | |
| | | | | CEASED NAM | E FIRST | | WIDDLE | | | LAST | 14 14 | 20 | OF ESTI- | | DAY YEAR | 25 HOUR |
| | | T FRESE | 1 | | SAMUE | L MeK | | | ENZIE DEATH MATED | | | D 0 11 | /201986 | 3:30 M | | |
| | | 当2号点点 へ | 2 SE | X | 4 RACE | 5. DATE OF BIRTH | YEAR | 6. AGE (IN YE. | | | IF UNDER | | DATE | MONTH | DAY YEAR | 2d HOUR |
| | | N Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z | MA | T.E | WHITE | 4/19/ | | 60 YI | · I III OI VII | AS DAYS | HOURS | MIN, P | PONOUNCED | 17/20 | 1986 | 3:30 |
| | | A Y Y | 7d. B | IRTHPLACE (S | | 76 CITIZEN OF WI | HAT COUN | | 8 | 0 | | 9. | BALTIMOREC | ITY OR COU | | 1//1 |
| | | S NECESSARY, PLASE EFUNERAL DIRECTOR. E ST YOUR FILES. ED THEN TO YOURS IN PRESTOR STREET. | | FOREIGN COUNTRY) MARYLAND CITY OR TOWN OF DEATH | | TT C A | | MARRIED NEVER MARRIED ALLEGAN | | | | | | | | |
| | | N D D D D D D D D D D D D D D D D D D D | | | | U.S.A. WIDOWED DIVORCED ALLEGANY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WO) | | | | | | MD. | | | | |
| | | ZESES / | | | 20 | (IF NOT IN SUCH FA | CILITY, GIVE ST | REET ADDRESS) | | | | FOR MO | ST OF WORKING LIFE | 1) | OR INDUS | TRY |
| | | E C N S L | USU/ | OSTBU | (IF IN NURSING HOME OF | | | OMMUN | | HOSP | TTAL | LABO | ORER | | CELAN | ESE. |
| | 21201 | AND 3 TO AND 3 TO RETAIN P RECORDS | 13a S | TATE | 13b. COUNT | TY | 13c. CITY | OR TOWN | | 13d. INSIDE C | | | T ADDRESS | | | |
| | . 21 | A A S S S | | RYLAN | | JANY | IFRO | STBUR | G | YES LX | | 36 | STOYE | R ST. | 2153 | 2 |
| | W | S1, 2, PM 3 PM 3 PM 3 | 14. F. | ATHER'S NAME | | MIDDLE | | AST | | F | R'S MAIDE | N NAME | WIDDLE | | LAST | |
| 16 | ORE | DEAT PROPERTY | 1 | SAMUE | | В. | | KENZI | | | MA | | | | CROFI | |
| | BALTIMORE, | S S S A | 160. | WAS DECEASED 165, NO, OR UNKNO | DEVER IN U.S. ARM | | 166. SOC | IAL SECURIT | Y NO. | 17. INFORA | THAN | RFD 1 | ROSTB | URG, I | ND 2153 | 32 |
| | ALI | S AFI GIVE TH F PAGE VISIC | | NO | N.A | • | 219- | 14-52 | 277 | MR. | ROBE | RT B | . McKE | NZIÉ, | SHAFT. | |
| + | 11.2 | Social | | 18 CAUSE O | F DEATH (Enter anl | y ane cause per line | far (a), (b) | and (c).) | | | | | | | APPROXIMA | TE INTERVAL ET AND DEATH |
| | N ST | | | PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION | | | | | | | | | BETWEEN ONS | ET AND DEATH | | |
| | 51 | ALL S | | 10000 | | | | SEQUENCE (| | | | | | | | |
| | PRESTON | No. | | Conditions, if any, which gave rise to immediate (b) CORONARY ARTERY DISEASE | | | | | | | | | | | | |
| | * | NAME OF | 1 | cause (a) | stating the under- | DUE TO, OR | | | | DIO | | | | | | |
| | 201 | NA KANA | | lying cau | se last. | 4 | | | | | | | | | 126-10 | |
| | | AND AND | | PART 2 DINER SI | GNIFICANT CONDITIONS C | DNTRIBUTING TO DEATN | BUT NOT RELAT | EN TO THE TERM | INAL DISEASI | DP (DNOITING | N CIVEN IN DAR | DT 1 (a) | | | | |
| | RECORDS | THEN | Z | | | | | | | | | | | | | |
| | 12 | L CRASS | CERTIFICATION | 190 DATE OF OPERATION 196. CO | | | DITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? | | | | | | | | /2 | |
| | TAL | PSESS | 를 일 | 100 | | | | | | | | | | | | 8 |
| | 5 | WORR CHARGO | 1 2 | 210 EXTERNA | L CAUSE WAS | 216. TIME OF | INJURY | | 121c HC | W IN ILIPY | OCCUPPE | D (ENTERNAL | TURE OF INJURY IN IT | EAL 10 DART 1 OR 0 | YES L | NO |
| | NO. | SHEER - | | UNDERLYING | OR | HOUR A.M | . MONTH | DAY YEAR | 110.110 | 7 W 11 V 3 O K 1 | OCCORRE | D (EINIEK INA) | ORE OF HAJORT HATH | EM IB PARI I OR P | AKI 2J | |
| | 98 | PAS S | MEDICAL | 21d. INJURY C | NG CAUSE OF D | P.M. | | 19 | 211 100 | CATION | | | | | | |
| | DIVISION | E S S S S S S S S S S S S S S S S S S S | ME | WHILE _ | NOT WHILE | | ORY, FARM, ET | | | TREET | | | CITY OR TOWN | C | YINUC | STATE |
| | - | PAG PAG 212 | | AT WORK | AT WORK | | | | | | | | | | | |
| | | ATE OF JES | | 22a. I certil | ly that I taak charge | e af the remains des | cribed aba | ve, held an | Autap | y . | Inspection | X | Inquiry X | and in my o | Pinian | |
| | | N CHANGE | | death results | ed føpm: Naturo | al causes | Accident | . Sui | cide | . Hamic | ide . | Undeterr | mined manner | 1 . – | | |
| | | ARY ARY | | 100 | () | , | | | | TITLE (S | PECIEY) | | | | | 10 |
| | | A HODE | | ACTUAL SIGNATURE | CTOVANN | T MASTR | ANGE | 0.1 | AA. | 050 | | MEDIC | AL EXAMINER | DATE | 11/20 | 186 |
| | | SE S | | - 100 T | 1 0. | | 101 | d | | 0. | - | MEDIC | ALEXAMINER | C | UMBJER L | AND MI |
| | | TO MEDICAL EXAMINER: HIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WIRTING THEWO PAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTMORE, MARYLAND, 21201 PRIOR TO BU | | (TYPE OR PRIN | NAME (OL | | MO | Mre | 1 | ADDRESS_ | (1) | 900 | SETON | DR | 2150 | 2 |
| | | DAY SEED | 23a.B | URIAL, CREMA | TION, REMOVAL 23 | DATE | 23c. N | AME OF CEA | | | RY | 23d. LOCA | | | | |
| | 07/84 | BP | 1 | BURIA | T. | 17/23/8 | ST | MTC | | | EM | | OSTBUR | | | TATE |
| | 25M | | 24 F | UNERAL DIREC | TOR YM | Novi 1000 | 60 1 | BEAT | | | 250. DATE R | EC'D. BY RI | EGISTRAR 256 | REGISTRAR'S | I.E.C.ANY SIGNATURE | |
| | | DHMH - 17 (VR A15 ME (5)) | S | OWERS | FUNERAT. | HOME HOME | | MA] | IN S | Γ. | | ALON | 2.4 198 | 6 | - Lunder | · Pandres |
| | | (0) | | O IT LATE | TOMERRIAL | HOME . | THUS. | FBURG | | | | IAIIA | 7.4 BO | U , | | |

0.2.5.2.1.1 17.25.15

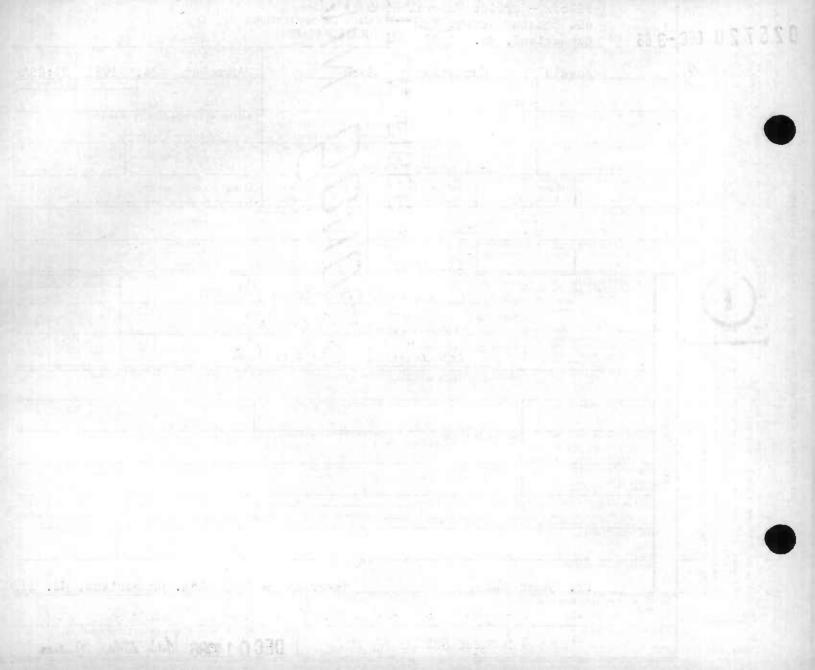
| | 1. | FOR DURST | | | DEPART ROST, MD | MENT OF E | E OF MARYLAN | NTAL HYGI | ENE 3 0 | 3 | 0 2 | 3 4 |
|--|---------------|---|--------------|--------------------------------|----------------------------|-------------|--------------------|---|--|-----------------------------|----------------------------------|----------------------------------|
| 025190 NAV | 200/ | 0.0 | | AVE. I | | | | AIH | | G. NO. | | |
| a sta | | CEASED NAME E OR PRINT) | THOMA | 5 5 | LOAN | MILLE | R | | NOVEMBER | | YEAR | 2b HOUR 10:28P. |
| may be poge 3 | 3. SE | | | 4. RACE | L07 W 1 | 5. DATE O | | | 6 AGE (IN YEARS LAS | | UNDER 1 YEAR | IF UNDER 24 HRS |
| ge 4 n ector. | 4 | Male | | White | • | Jul | DAY | 97 | 79 | MC | DNIHS DAYS | HOURS MIN. |
| S Pour S | 70. B | IRTHPLACE (STATE OR F | OREIGN | 76 CITIZEN OF | WHAT COUNTRY | 8 MARRIE | D NEVER MA | RRIED | | Y OR COUNTY | F DEATH | |
| deorth deorth | | Maryland | | U.S | .A. | WIDOW | D DNC | DRCED [| ALLEGAN | Y COUNTY | | MD. |
| oy the f | | ity or town of dea Cumberlar | | | HOSPITAL, NURSI HEART H | | | UTION | 12a USUAL OCCUI (TYPE OF WORK FOR MA CONSTRI | OST OF WORKING LIFE) | 12b. KIND OI INDUSTRY sel: | F BUSINESS OR |
| 212 212 hour hour hour | JUSU | AL RESIDENCE (IF NURS | | OTHER INSTITUTION | GIVE RESIDENCE BEFO | | A 124 INICIDE CITA | V I I I I I I I I I I I I I I I I I I I | 24 | | BU1. | - |
| NN 24 | | arvland | | gany | Frost | | 13d. INSIDE CITY | 10 🔀 | Rt. 1 | 35 / ZIP CODE 35 / ZIP CODE | 215 | 32 |
| KAT I | 14. F. | ATHER'S NAME | | MIDDLE | LAST | | 15. MOTHER'S N | | | | LAST | |
| AM B B P & C | 1 | Norman | | , mobile | Mill | er | | becca | | | Metz | *** |
| MORE, ond compages medico | | WAS DECEASED EVER | | MED FORCES? E WAR OR DATES) | 16b SOCIAL SEC | | 17. INFORMANT | T | | DRESS | | |
| TIMe be e | | no | | | 217017 | 239 | Elizal | beth l | Miller | same | | |
| BALTI cote b cote b nysicion opers. | | 18 CAUSE OF DEATH PART 1. DEATH W | H (Enter on | ly one cause per | r line far (a) (b), a | nd | en. an | rest | | | BETWEEN C | MATE INTERVAL DISET AND DEATH |
| ST., | | | | E CAUSE (a) | Elle | piRa | 1474 | | | | | 7 |
| W. PRESTON ST the deoth certification of the other corbon cremation, or ren wher froumatic ev | | | | DUE TO, O | R AS ACONSEQU | ENGEPL | un loneral | D KL | edle Cerci | but | 21 | S MID |
| PRES e off movemention trou | | Canditions, if any, gave rise to imm | nediate | (b) | ricary | 1174 | WEND SCO (| | ties , | arren | 01 | 2 INC |
| W. In hot the by the series of their others. | | couse (a), statin underlying couse | | -1 | R AS A CONSEOL | JENCE OF | | | | | 1 8 | |
| 2D1 ned I pleo uriol, | | PART 2. OTHER SIGN | NIFICANTO | ONDITIONS C | ONTRIBUTING TO | DE ATH BUT | NOT RELATED TO | O THE TERMI | NAI DISEASE OR C | ONDITION GIVE | N IN PART NO | |
| RDS, | NO O | | III ICAITI C | .c.r.biiioris <u>c</u> | ON INIBOTINO TO | DEATH BOT | NOT KELAILD IN | O THE TERMI | THAL DISEASE OR C | ONDITION GIVE | N IN PART TO | |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir offending physician. After this certificate has been sign as the burial-tronsit permit. Then th and Mental Hygiene prior to b orked on the file Britage and injury | CERTIFICATION | 19a. DATE OF OPERAT | ION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORA | MED | 200 AUTOPSY? | IN CERTIFY | WERE FINDIN | OF DEATH? |
| TAL | E | 7]a. ACCIDENT WAS UND | ERLYING T | 1 21b. TIME C | OF INJURY | | 121c HOW INJU | IRY OCCURR | YES NO | | _ | NO 🗆 |
| DF VI | | OR CONTRIBUTING | AUSE OF DEA | TH HOUR A. | M. MONTH D | | | Occoun | TENTER NATURE OF | HAZORT HATIEM 19 FA | TTORPART2) | |
| ding ding AYSIK | MEDICAL | 21d. INJURY OCCUR | | 21e PLACE | M. OF INJURY | 19 | 211 LOCATION | 1 | | | | |
| VISI G Pr option ond ked | × | WHILE NOT WH | ILE | (AT HOME, ST | REET, FACTORY, OFFICE, | FARM, ETC) | STREET | 0 | CITY | OR TOWN | COUNTY | STATE |
| ENDING tol or off OR: After ruse os th Health or | | 22a.1 certify that (1) | | tal) attended th | ne detegsed fram. | Sel. | 46 | 19 00 | to | 00 19 11 | 00 | that (I) (we) last |
| | | saw the decease obove, (I) (we) (c | d alive an | t) view the bady | after death. | Z | nd that in (my) (a | ur) apınian d | eath occurred on th | ne date and haur o | and Iram the a | auses stated |
| OR ATI | | 226. SIGNATURE | W. | 10 Sa | Lha. HA | 2.0 | DEGREE | | | | 224 DETE ! | IGNED |
| | | | No | OCE | 1 muli | W | PH | YSICIAN | MEDICAL DIRECTOR PH | STAFF YSICIAN [| 11/20 | 186 |
| HOSPITAL sined by the FUNERAL sould be det the the Stote | | 22d. PHYSICIAN'S NA | | | | | 22e. ADDRESS | | DE TUE | DEDI ALID | 1/5 | 1.00 |
| TO HOSPITA etrined by TO FUNERA should be de with the Stot | | RICHARD | | CHMIII, | | | | | DRIVE CUM | BERLAND, | MU, 2 | 1502 |
| | | BURIAL, CREMATION, | | 23b. DATE | | | EMETERY OR CRE | | 23d LOCATION | N | COUNTY | STATE |
| BP | 24.5 | Buria | 11 | Nov. | 22 86 F | bg.Me | emorial | | | | | Id |
| DHMH - 16 60M 7/84 | _ | UNERAL DIRECTOR | ~ n 7 | | 7 Fpast | Ave | | 750 DATE | REC'D. BY REGISTE | RAR 256. REGISTRA | ar's signatu | JRE |
| (VRA 15, 4) | 1 | ırst Fune | Lar I | iome Fr | ostburg | s Ma | 21532 | NOV | 2 F 1986 | 1 | | 0 |

| | | | THE STATE OF THE S | | TO SUFFER TO SUFFER | | |
|-----------|--------------------|--------------|--|------------|---------------------|---------|--|
| | | | Million Sections | | | 205 | |
| 10:286 | aner of sammon | | EALTH MALES | | | | |
| | | , to 3 | | | | | |
| | WESTER MANELING | | | | | | |
| | I Malty Villamo | | ATTION THE | Security 1 | . Budane | | |
| | 1005 xell 4 | | | | using purks | e in | |
| | | | | | | | |
| | | | | | | | |
| | | 7.020 D 180 | | | | | |
| | CONTRACTOR | | | | | | |
| | | | | | | | |
| 32 | Nov 17 | | Pare | w.X | | | |
| " Jacky | | X W | | | | | |
| enees .n- | e ya wasaanto ante | 9 98 T32 000 | .0.1 | TTHE | e is dealers | | |
| | AND AND A | | | | | areirs. | |

| | | | | 1 | | | | LI FUNE | | | STATI | OF MARYLAND | | | | | | |
|--|-------|----------------|----------------|----------------|---------------|-----------------------------------|-----------------|---------------------------------|-------------------|-------------|------------|------------------------------|---------------------|----------------|-------------|--------------------------|-----------------------|-----------|
| 02 | - | 001 | 0.00 | | 1 | FOR 1 | 08 VIR | GINIA A | VENUE | PARTM | ENT OF H | EALTH AND MENTAL HY | GIENE 👶 | 0 | 3 | 0 4 | 13 | 1 |
| 02 | 36 | 101 | DE | 7 | 38 | | | AND, M | | | | CATE OF DEATH | | REG. NO |) | | | |
| | | | | T | DEC | CEASED NAME | FIRST | | MIDDLE | | L | NST . | 20. DATE OF | | | DAY YEAR | 2b. HC | DUR |
| | o o | ge 3 eo th | | | (TIPE | | ROY | HAM | MOND | | MILL | S | NOVEMI | BER | 18. | 1986 | | M |
| | a E | pod , | , | 1 | . SEX | | | 4. RACE | | | 5. DATE C | | 6. AGE (IN YE | | | IF UNDER 1 YEA | | ER 24 HRS |
| | ge 4 | ector rs of | | 1 | 1 | male | | whit | e | | MONTH | 7-23-1919 YEAR | 6 | 57 | YRS. | MONTHS DAYS | HOUR | MIN. |
| | Po . | l dir | 8 | 1 | | RTHPLACE (STATEO | R FOREIGN | 76 CITIZEN OF | F WHAT COU | INTRY? | 8 AAA PRIE | NEVER MARRIED | 9. BALTIMOR | E CITY O | | OF DEATH | | |
| | deoth | nero | 13 | | | WV | | USA | 4 | | WIDOWE | | ALLE | GANY | COUNT | Y | | MD. |
| | Her o | he fo | P | | 0. CI | TY OR TOWN OF DE | ATH | | F HOSPITAL, N | | | ROTHER INSTITUTION | 12a USUAL C | | | 12b. KIND E) INDUSTR' | | NESS OR |
| 200 | 500 | by | 2 | - | | Cumberla | | SACRE | ED HEAR | RT H | OSPIT | AL | ret | | | | | ucatio |
| 0.27 | ho, | ed in | 100 | 6 | 13a S | L RESIDENCE (IF NU | 138 COU | VIY | 13c. CITY O | RTOWN | ١ | 13d. INSIDE CITY LIMITS? | 13e.STREET A | DDRESS | ZIP CODE | | 261 | SAG |
| AN | in 24 | y fill | OB | | | WV | Mine | ral | Fort | . Ast | nby | YES NO K | | Box | 88/2 | 6719 9 | 77 | 7/ |
| ARY | with | d 2 s | 1 | 74 | FA | THER'S NAME | | MIDDLE | LA | AST | | 15. MOTHER'S MAIDEN NA | | MIDDLE | | é L | A,S7 | |
| X | oted | g ma | 18 | 4 | | | nuel M | | | | | | ottie Le | | | | | |
| O. | ×ec | o pud | dico | 2 | | AS DECEASED EVE | | MED FORCES? (E WAR OR DATES) | 166 SOCIA | L SECUR | RITY NO. | 17. INFORMANT | | ADDRE | | | | |
| BALTIMOR | be | rs. Po | سيا | 1 | _ | yes | MM | 11 | 23226 | 63628 | 8 | Mrs. Nellie | M. Mill | s, F | ort A | shby, 1 | NV - | wife |
| BA | 100 | Visio | nt, th | 3 | 11 | 18 CAUSE OF DEA PART 1. DEATH | TH (Enter or | ly one couse pe | er ling or (a), | 1/- | | F | 1 | 010 | 2. a | BETWEE | XIMATE IN LONSET A | ND DEATH |
| ST. | Z | 0.00 | e ve | - | | 1 1 7 7 6 1 | | re CAUSE (a) | 7 /3 00 | acon | nona. | Empyen | 2 1-1 | MP | eurof C | arry | | |
| NO. | 4 | 100 | moti | | Н | | | DUE TO, O | OR AS A CON | SEQUEN | NCE OF | 000 | - PH | 1/ | | 0 | | |
| RES | K | - 5 | Thou u | | | Conditions, if an gove rise to in | nmediate | (b)_ | Bellet | om | ETHOS | Mennon | ac on | Lu | y | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST | 4 | by the | cre pthor | | | cause (a), stat | | DUE TO, O | OR AS A CON | NSEOUEN | NCE OF | | | | U | | | |
| 201 | es th | pled | 0 0 | - | | PART 2 OTHER SIG | NIEC ANT | (c)_ | CONTRIBUTION | IG TO DI | EATH BUT | NOT RELATED TO THE TER/ | AINI AI DISEASE | OR CON | DITION CA | ENLINE DADT | | === |
| SDS. | doi | Sign Then | to bu | | N N | TAME 2: OTTER SIC | or the least of | | BAG | 20 | Ann | Quia Carrain | St. a. | 08. | | DO MA | - | - |
| 0 | W re | beer mit. | prior C | 7 | CERTIFICATION | 19a DATE OF OPER | ATION | 196 CONE | DITION FOR V | WHICH C | OPERATIO! | WAS PERFORMED | 20a AUTO | PSY? | 20b. IF YES | , WERE FIND | INGS US | SED SED |
| IL RE | he lo | hos per | W.S en | | Ē | | | | | | O | • | YES 🗆 | NOU | | YING CAUSE | S OF DE | |
| VII | Ë | ysici | Hyg 8 sb | 7 | E C | 21a. ACCIDENT WAS U | | 110110 4 | OF INJURY | | V VEAD | 21c HOW INJURY OCCUP | | | 1 | | | |
| 9 | CA | a ph ertifi | nto! | | ¥ | OR CONTRIBUTING | | KIN . | a.m. mont p.m. | H DA | Y YEAR | | | | | | | |
| O | HYS | his c | W T | | MEDICAL | 21d INJURY OCCU | | 21e. PLACE | E OF INJURY | | | 211 LOCATION | | CITY OR TO | arb) | COUNTY | | STATE |
| N IS | 0 | offer t | rked | | Σ | WHILE NOT V | ORK ORK | [AT HOME, 5 | TREET, EACTORY, C | OFFICE, FAI | RM, ETC. J | STREE. | | | | Coom | | JIAIL |
| 0 | 9 | R: Af | s mo | - | Я | 22a I certify that (| I) (this hosp | tal) ottended t | the deceosed | | 7 | 1 2 , 19 86 | , ta | // | 19 | 1986 | , that (I) | (we) lost |
| | TE | CTO! | of F | 1 | d | saw the decea | sed alive an | the boo | ly attacheath | _19_ | , an | d that in (my) (aur) apinian | death occurred | an the do | ite and hav | and fram th | e causes | stated |
| | S | o ho | Jept. | | | 22b. SIGNATURE | 500 | 1 | 11) 11 | 1 | | DEGREE | | | | 22c. DAT | ESIGNE | D |
| | AL | _ 0 | ote (| | -3 | / | 10 | ider | Nicha | rel | Bleck | | MEDICAL DIRECTOR | STAF PHYSIC | | 111 | 191 | 186 |
| | SPII | FUNERAL | he St | \overline{A} | | 22d. PHYSICIAN'S | AME IT | 1100 | | | | 22e ADDRESS | Del Mil | | | / | , | |
| | H | o FL hould | with the State | | | DR. RIC | | | | 21 | | 900 SETON I | DRIVE, (| CUMBE | RLAND | , MD. | 2150 | 2 |
| 01 | 1/1 | 00 | 1 | 1 | 3a. B | URIAL, CREMATION | , REMOVAL | | | | | METERY OR CREMATORY | 23d. LOCAT | ION R TOWN | | COUNTY | | STATE |
| 44 | 41 | BP 4 | 7 | | | Burial | | 11-22 | 2-1986 | Que | ens F | Point Cemeter | y Key | ser | Mine | ral | WV | J.AIL |
| 11 | DH | MH - 16 6 | 60M 7/84 | 1 | 4 FU | NERAL DIRECTOR | 0 | | ADI | DRESS | | 250. DA | E REC'D. BY RE | 4 | 25b. REGIST | RAR'S SIGNA | TURE | |
| | | (VRA 15 | 5, 4) | | | James F. | Scarp | elli, C | umberl | and, | MD 2 | 21502 NOV | 2 8 1986 | 5 /4 | ia Non | down Per | delle | |



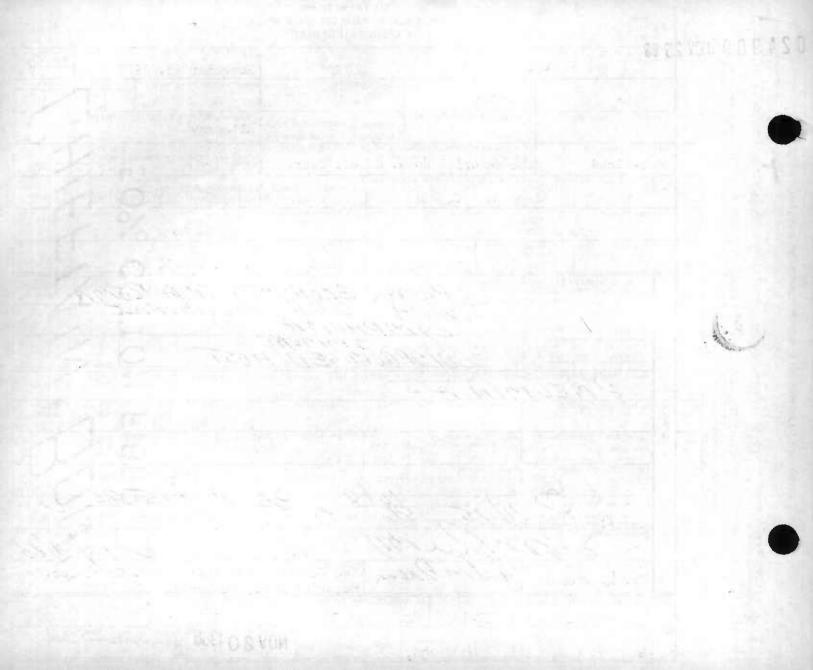
| | 1 | Silcox | -Merritt Funera | L HOTAI | E OF MARYLAND | 2 6 | 7 | | 6m. 3 |
|--|---------------|---|---|-------------|----------------------------|---------------------------|------------------------|---------------|----------------------------------|
| 025728 DEC | 1. | 0.0 | atur Street DEPART | MENT OF I | REALTH AND MENTAL | HYGIENE O O | 0 | U de | and this |
| U Z 5 / Z 8 DEC | -3 | CEASED NAME FIRST | and, Md. 21502 | | LAST | REG. | | | |
| o 6. ± N | | OR PRINT) | WIDDLE | | LASI | 2a. DATE OF DEATH | MONTH DA | AY YEAR | 26 HOUR |
| moy be poge 3 | 3. SE | Angela | Christine | | lock | November | | 1986 | 01:25AM |
| offer. F | 3. SE | | | S. DATE (| | 6. AGE (IN YEARS LAST | BIRTHDAY) | PUNDER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| Poge direct hours | To D | RTHPLACE (STATE OR FOREIGN | White-Cau. | / | 1 1925 | 61 | YRS. | | |
| Tolo h. P. | | COUNTRY) MD. | USA | MARRIE | D X NEVER MARRIED | | OR COUNTY C | OF DEATH | |
| de de de | 10 C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL NURS | WIDOW | | 120 USUAL OCCUPA | y Count | | MD. |
| offer of the | | umberland | (IF NOT IN SUCH FACILITY, GIVE STREET | TADDRESS) | | (TYPE OF WORK FOR MOS | | INDUSTRY | F BUSINESS OR |
| 120 nurs ours | | AL RESIDENCE (IF NURSING HOME OR | Sacred Heart OTHER INSTITUTION, GIVE RESIDENCE BEFO | Hospi | tal | Clerk | • | Dept.S | store |
| ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after this certificate has been signed by the attriction of completely filled in but the nord Mental Hygiene prior to buriol, cremities certificate has been signed by the attriction of completely filled in but of the buriol-transit permit. Then please removements the ond Mental Hygiene prior to buriol, cremities the medical examiner most be in a shows only injury, or other traumals. | 13a. : | MD. AIIe | gany Cumber 1 | and | 13d. INSIDE CITY LIMITS | R#3 Box 1 | 92 Redf | ord Rd | 21502 |
| rthin ithin 2 sh | 14. F | ATHER'S NAME | | | 15. MOTHER'S MAIDEN | NAME | | | |
| E, MAR | 3 | Henry | S. Grabenste | ein | Clara | MIDDLE | | Ruppe | rt |
| SRE, | | VAS DECEASED EVER IN U.S. AR | MED FORCES? 16b. SOCIAL SEC | URITY NO. | 17. INFORMANT | R#3 ^{DD} | Box 192 | 2 | |
| In ond Poge | | yes, no or unknown) (# yes, giv | 216227 | 015 | Wilbur R. | | erland, | | 21502 |
| BALL FEET S | | 18 CAUSE OF DEATH (Enter an | ly one cause per line for (a), (b), a | nd (c).1 | 1 | 1. 1 | | | MATE INTERVAL ONSET AND DEATH |
| SI. | | PART I. DE ATH WAS CAUSE IMMEDIAT | E CAUSE (a) | 10 - K | 25 hizertor | 1 Hret | | | |
| NO 6 9 8 3 9 | | | DUE TO, OR AS A CONSEQU | ENCE OF | 1 cat | 1. 1. | | | |
| REST TO TO T | | Canditians, if any, which gave rise to immediate | (16) Malsi | mA? | AT 15 SM | las | | | |
| Y. T. # 100 | | cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQU | | 0.0. | (0 | | | |
| of the deby de by de lease ind. or of | | | | nced | Cocor | 1 6 | | | |
| DS, 2 | z | PART 2. OTHER SIGNIFICANT C | CONDITIONS CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE T | ERMINAL DISEASE OR CO | NDITION GIVE | N IN PART To | 3 |
| v red | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATIO | NI WAS DEDECORATED | 20a AUTOPSY? | JAN 15 VEC | WERE FINDIN | 100 11050 |
| REG nos b nos b ws o | FIC | | The continue to the writer | OLEKATIO | TO ASTERIOR OF THE | | IN CERTIFY | ING CAUSES | OF DEATH? |
| VITAI | ERT | 21a. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | | 21c HOW INJURY OC | YES NO X | | | но 🗌 |
| OF VI | | OR CONTRIBUTING CAUSE OF DEA | | | | TENTER MAJORE OF III | 2007 117 112 M 10 7 MM | ORPHRIS) | |
| ON ding | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED | P.M. 21e PLACE OF INJURY | 19 | 211 LOCATION | | | | |
| IVISH aften atten s the s the rked of | M | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE, | FARM, ETC) | STREET | CITY OR | TOWN | COUNTY | STATE |
| ADIN Lor Af S. Af S. Af | | 22a I certify that (I) (this haspit | tal) attended the deceased fram. | | , 19 | , ta | | 9 | that (1) (we) last |
| TTER Prito TTO for of H | | saw the deceased alive an above, (I) (we) (did) (did not | 19_ | , a | nd that in (my) (aur) apir | ian death accurred on the | date and haur (| and fram the | causes stated |
| OR A e has borked Dept. | | 22b. SIGNATURE | | | DEGREE | ATTENDED TO | | 22c. DATE | SIGNED |
| te in H | 24 | | | | ATTENDIN PHYSICIAI | MEDICAL ST | AFF SICIAN [| | |
| OSPII bed b UNER Id be the St the St | | 22d. PHYSICIAN'S NAME (TYPE OF | R PRINT) | | 22e. ADDRESS | | 4-4- | | |
| CO HOSPITA etcined by TO FUNER should be 6 with the 5ra | | Dr. Qam | ar Zaman | | Memorial | Medical Bldg | . Cumbe | rland, | Md. 2150 |
| T e T is x x | 23o E | SPECIFY) | | | EMETERY OR CREMATO | RY 23d LOCATION | | I' OUNTY | |
| BP | 0.3 | burial | 11-26-86 \$S | Peter | & Paul Cem | | Allegar | ny N | Md. STATE |
| DHMH - 16 60M 7/84 | | INERAL DIRECTOR | O/ Doorting CADDRESS | h amb | | DATE REC'D. BY REGISTRA | R 256. REGISTRA | AR'S SIGNATI | |
| (VRA 15, 4) | 9. | TICON TICITION 40 | 04 Decatur St. (| . , uiiii | Mu. | DEC 0 1 1986 | Julia De | widson. R | andres |



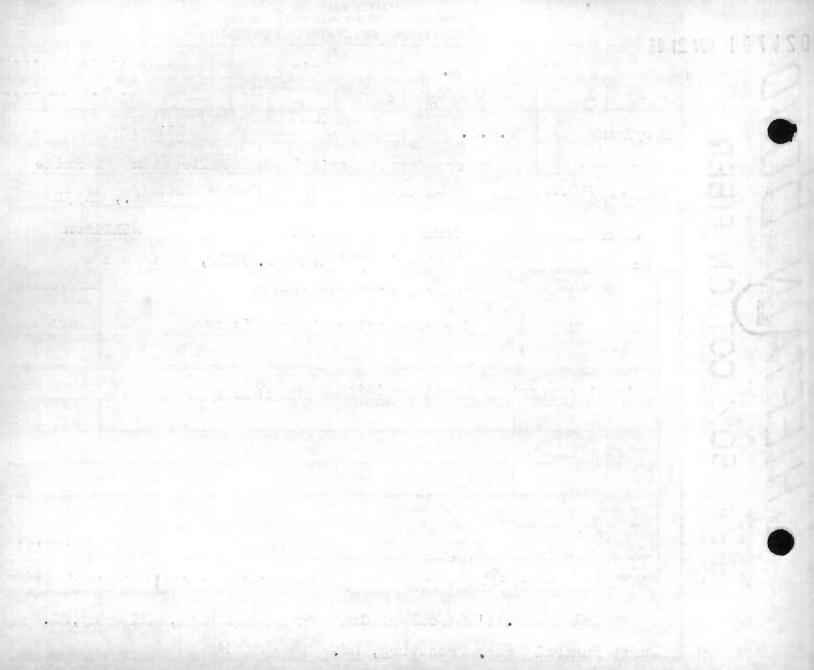
| | | CEASED NAME FIRST | JRG, MD. | 21532 MIDDLE | LAS | 1 | 2a. DATE OF D | REG. NO. | DAY YEAR | 2b. HOUR |
|--|-----------------------|--|--|--|---|--|--|---|--|--|
| Poge 3 | 1 | SAMI | JEL | PAUL I | MONTAN | 4 | NOVEME | BER 3,1986 | 6 | 5:30/ |
| 1 3 S | 3. SE | x | 4 RACE | | 5. DATE OF | 0.44 | 6 AGE (IN YEA | RS LAST BIRTHDAY) | MONTHS DAYS | HOURS M |
| | 1 | MALE | WHIT | E | 9/1 | 0/16 | 70 | YRS. | | |
| 2 ho | | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF | F WHAT COUNTRY? | MARRIED | NEVER MARRIED | | CITY OR COUNTY | | |
| 132 | | ARYLAND | U.S | | WIDOWED | | | ANY COUN | | F BUSINESS |
| now the | CU | MBERLAND | SACR | F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET LED HEART | HOSPITA | AL | | OR MOST OF WORKING LI | IZB. KIND O INDUSTRY CELA | |
| a pin | 130. | AL RESIDENCE (IF NURSING HOME STATE 13b. CO ARYLAND ALI | OR OTHER INSTITUTION UNITY | 13c. CITY OR TOW FROSTBU | VN 11 | 3d. INSIDE CITY LIMIT | S? 130.STREET AD | DRESS / ZIP CODE | ANT ST | 2153 |
| 2 sh | _ | ATHER'S NAME | MIDDLE | LAST | | S. MOTHER'S MAIDE | | MIDDLE | | |
| and and | | MARTINO | MIDDLE | MONTANA | | VINCEN | | | ROSAN | |
| Poges 1 | | VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, | ARMED FORCES? GIVE WAR OR DATES! | 2140736 | URITY NO. 1 | RS. SAMU | T., FROS | TBURG, | MD 215 | 32 ASAN |
| by the att sose removi al, crematio | | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. | (b)_ DUE TO, (| OR AS A CONSEQUI | ENCE OF | | (| Colon | | |
| perior to burial ony injury, or | FICATION | gove rise to immediate couse (a), stating the | T CONDITIONS | | DEATH BUT N | | 200 AUTOP | OR CONDITION GIV | S, WERE FINDIN | NGS USED OF DEATH |
| hos been signed to permit. Then plea ene prior to burial aws ony injury, ar | ERTIFICATION | gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION | T CONDITIONS | CONTRIBUTING TO | DEATH BUT N | WAS PERFORMED | 200 AUTOP | OR CONDITION GIVES Y? 2014. IF YE IN CERTIL YE | S, WERE FINDIN FYING CAUSES ES | NGS USED |
| cate hos been signed l'ansit permit. Then plec Hygiene prior to burial 8 shaws ony injury, ar | AL CERTIFICATION | gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | T CONDITIONS (19b CON 19b CON 21b TIME HOUR A | CONTRIBUTING TO | DEATH BUT NO HOPERATION | | 200 AUTOP | OR CONDITION GIVES Y? 2014. IF YE IN CERTIL YE | S, WERE FINDIN FYING CAUSES ES | NGS USED OF DEATH |
| hos been signed to permit. Then plecene prior to burial pressony injury, as | MEDICAL CERTIFICATION | gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI) 21d INJURY OCCURRED WHILE NOT WHILE | T CONDITIONS (19b CON 19b CON 19b CON 19b CON 19b CON 21b. TIME HOUR NER) 21e. PLAC | CONTRIBUTING TO | DEATH BUT N H OPERATION DAY YEAR 19 | WAS PERFORMED | 200 AUTOP YES | OR CONDITION GIVES Y? 2014. IF YE IN CERTIL YE | S, WERE FINDIN FYING CAUSES ES | NGS USED OF DEATH? NO |
| certificate has been signed unal-transit permit. Then pleatental Hygiene prior to burial them 18 shows any injury, an | 797 | gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMILE 21d INJURY OCCURRED | T CONDITIONS (19b CON 19b CON 21b TIME HOUR NER) 21e PLAC (AT HOME. S | CONTRIBUTING TO | DEATH BUT N H OPERATION DAY YEAR 19 FARM, ETC.) | WAS PERFORMED | 200 AUTOP YES | OR CONDITION GIV SY? 2014: IF YE. IN CERTIII YE. RE OF INJURY IN ITEM 18 I | S, WERE FINDINFYING CAUSES ES PART 1 OR PART 21 COUNTY | NGS USED OF DEATH NO [|
| certificate has been signed unal-transit permit. Then pleatental Hygiene prior to burial them 18 shows any injury, an | 797 | gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE ALL WORK 22a, I certify that (I) (this ha | T CONDITIONS (19b CON 19b CON 21b TIME HOUR / NER) 21e PLAC (AT HOME. S | CONTRIBUTING TO | DEATH BUT N H OPERATION DAY YEAR 19 FARM, ETC.) | WAS PERFORMED 21c HOW INJURY OC 211 LOCATION STREET | 200 AUTOP YES CURRED (ENTER NATO | OR CONDITION GIV SY? 2014 IF YE IN CERTIII YE RE OF INJURY IN ITEM 18 I | S, WERE FINDINFYING CAUSES ES PART 1 OR PART 21 COUNTY | NGS USED OF DEATH' NO STA |
| DIRECTOR: After this certificate has been signed toched for use as the burial-transit permit. Then ples e Dept. of Heolth and Mental Hygiene prior to burial if them 21 is marked or them 18 shows ony injury, or | 797 | gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | T CONDITIONS (19b CON 19b CON 21b TIME HOUR / NER) 21e PLAC (AT HOME. S | CONTRIBUTING TO | DEATH BUT N H OPERATION DAY YEAR 19 FARM, ETC.) | WAS PERFORMED 21c. HOW INJURY OF THE PERFORMENT | YES | SY? 20K. IF YES IN CERTIN YE RE OF INJURY IN ITEM 18 IS CITY OR TOWN | S, WERE FINDINFYING CAUSES ES PART 1 OR PART 21 COUNTY | NGS USED OF DEATH: NO STAT |
| RAL DIRECTOR: After this certificate has been signed to detached for use as the burial-transit permit. Then pleasiste Dept. of Health and Mental Hygiene prior to burial NT: If Item 21 is marked or Item 18 shows only injury, or | 797 | gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURTED WHILE AT WORK AT WORK 220.1 certify that (I) (this has sow the deceased alive obove, (I) (we) (did) (did 22b. SIGNATURE) | T CONDITIONS OF TOO THE PROPERTY OF THE PROPER | OF INJURY A.M. MONTH D. P.M. E OF INJURY STREET, FACTORY, OFFICE, 1 the deceosed from dy after death. | DEATH BUT N H OPERATION DAY YEAR 19 FARM, ETC.) | WAS PERFORMED 21c HOW INJURY OC 21l LOCATION STREET , 19 that in (my) (our) op GREE ATTENDIT PHYSICL 22e ADDRESS | Z00 AUTOP YES CURRED (ENTER NATU inion deoth occurred NG MEDICAL AN DIRECTOR | OR CONDITION GIN SY? 20M: IF YE. IN CERTIN YE. RE OF INJURY IN ITEM 18. I. CITY OR TOWN on the date and how. STAFF PHYSICIAN | S, WERE FINDIN FYING CAUSES ES PART 1 OR PART 2) COUNTY 19 ur and from the | STAI |
| (AL DIRECTOR: After this certificate has been signed letached for use as the burial-transit permit. Then ples are Dept. af Health and Mental Hygiene prior to burial II; If them 21 is marked or them 18 shaws ony injury, or | MEDICAL | gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURTED WHILE AT WORK NOT WHILE AT WORK SOW the deceased alive obove, (I) (we) (did) (did 22b. SIGNATURE) | T CONDITIONS (19b CON 19b CON 21b. TIME HOUR NER) 21e. PLAC (AT HOME, S) spital) ottended on not) view the boo | CONTRIBUTING TO | DEATH BUT N H OPERATION DAY YEAR 19 FARM, ETC 1 | WAS PERFORMED 21c HOW INJURY OC 21l LOCATION STREET , 19 that in (my) (our) op GREE ATTENDIT PHYSICL 22e ADDRESS | 200 AUTOP YES CURRED (ENTER NATO inion deoth occurred NG MEDICAL AN DIRECTOR | OR CONDITION GIN SY? 208: IF YE IN CERTII YE RE OF INJURY IN ITEM 18 I CITY OR TOWN On the date and how STAFF PHYSICIAN DAD, CUMBEI | S, WERE FINDIN FYING CAUSES ES PART 1 OR PART 2) COUNTY 19 ur and from the | NGS USED OF DEATH? NO STAI that (I) (we couses state SIGNED |

OSSSO F AND DE LOCAL PROPERTY OF STREET 11Wallet 3,1586 . The little to the second of ACTION 1 . BROWN THE TANK THE THEORE 1 . THE THEORE 1 . THE TANK I WAS MISTOUR THIS TONE, CAREERINE, TONE 15 FOR

| 2 | | | for | | | TE OF MARYLAND | bary | 1.5 | o . |
|--|--|---------------|--|--------------------------------|-------------------|--|---|-----------------|------------------|
| 1210 |) () () () () | 1 | FOR STATE REGISTRAR | D | | HEALTH AND MENTAL HYG FICATE OF DEATH | REG. NO. | 0 2 | |
| 1 2 4 3 | 1 U 9 NOV 2 | | OR PRINT | WIDDLE | | LAST | 20. DATE OF DEATH MONTH D | AY YEAR | 2b HOUR |
| 9 | . page 3 | | CLIFFO | ORD JAMES | | MOYER | November 15, 198 | 6 | 11:50 M |
| É | pod . | 3. SE | x | 4. RACE | | OF BIRTH | | IF UNDER I YEAR | IF UNDER 24 HRS |
| e 0 | as of | | male | white | MON | 4-30-1910 YEAR | 76 yrs. " | ONTHS DAYS | HOURS MIN. |
| 9 | Sol Sol | 7a. B | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT CO | UNTRY? 8. | ED NEVERMARRIED | 9. BALTIMORE CITY OR COUNTY | OF DEATH | |
| de of the | Co O O | | WV | USA | WIDOW | | Allegany | | MD. |
| i i | Part Part | | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, | NURSING HOME | OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE | 12b. KIND O | F BUSINESS OR |
| 0 | | - 11 | mberland | The Memorial | | | retired | | actors |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that It death certificate be executed within 24 hours | filled in | 13a | AL RESIDENCE (IF NURSING HOME O STATE 13b COU MD A | NTY 13c. CITY (| or town berland | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP CODE 1528A OIdtown | Manor | /21502 |
| RYL. | 1000 | 14. E/ | ATHER'S NAME | WIDDLE | | 15. MOTHER'S MAIDEN NA | ME | | |
| E, MAI | omple of a solution | 17 1 | Jacob Mo | yer | LAST | | Rachel Simmons | LAS | a . |
| ORI | Pages Pages medica | | VAS DECEASED EVER IN U.S. AI | IVE WAR OR DATES) | AL SECURITY NO. | 17. INFORMANT | ADDRESS | 1 1/10 | |
| LTIN | 75. P | _ | | 1614 | 07-5162 | Mrs. Louise | Moyer, Cumberland | - | |
| , BA | hysic pape aval | | 18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI | nly one couse per line for (a) | In my | anadiH | TRA EMPANI | BETWEEN | ONSET AND DEATH |
| Y ST. | c eve | | IMMEDIA | TE CAUSE (o) | ATTIC | 1 10 P | Pulsonyse | 2// | |
| 101 | and to make the same of the sa | | C. Pri | DUE TO, OR AS ACO | NSEQUENCE OF | MAMA | 1- OLI TONITO | 4 | |
| A Lo | To To | н | Conditions, if any, which gove rise to immediate | (b) | 71-11- | TOMME | 2 | | |
| ¥ . | by ose orther | H | cause (a), stating the underlying cause last. | DUE TO, OR AS A CO | NSEQUENCE OF | MILEN | 1057 | | |
| 201 es th | plea prial | Ш | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTE | NG TO DEATH BUIL | INOT DELATED TO THE YEAR | INAL DISEASE OR CONDITION GIVE | | |
| RDS, | Then tab | NO | PNEL | MONIA | NO IO DEATH BOT | INOT RELATED TO THE TERM | TINAL DISEASE OR CONDITION GIVE | N IN PART TO | , |
| 00 % | prior prior | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR | WHICH OPERATIO | IN WAS PERFORMED | 20a AUTOPSY? 20b. IF YES, | WERE FINDIN | IGS USED |
| AL RI | an. has aws | TIFIC | | | | | YES NO YES | | OF DEATH? |
| ZI Z | hysician icate h ransit p Hygier 8 shav | CER | 21s. ACCIDENT WAS UNDERLYING | | me man deam | 21c. HOW INJURY OCCURE | RED (ENTER NATURE OF INJURY IN ITEM 18 PAI | | |
| OF ICIA | ding ph is certifi burial-tr Mental ir frem | AL | OR CONTRIBUTING CAUSE OF DE | | TH DAY YEAR | | | | * |
| NO NHA | C - E - 70 | MEDICAL | 214 INJURY OCCURRED | THE PLACE OF INJURY | | ZII LOCATION | CITY OR TOWN | COUNTY | |
| N 5 | After the as the alth and marked | Σ | AT WORK AT WORK | (AF HOME, STREET, FACTORY, | OFFICE FARM ETC.) | 10 0 | | COUNTY | STATE |
| 0 2 | R: At Use o tealt | -13 | 22s I certify that (I) (his hour | not) attended the deceased | I from | 8 1986 | 2, to // 5, 1 | 96 | that (1) We last |
| ATE | CTO far af F | | saw the decease slive or | of view he body after sects | 19-86/0 | nd that in (my) (our) opinion o | death accurred on the date and hour | and from the | couses stated |
| 80 | DIRE | | Ch SIGNAPURE | ~// | w | DEGREE | | 22c. DATE | SIGNED |
| TAL | y the | | des. | 11000 | ~/// | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 111/ | 19/66 |
| SPII | FUNERAL uid be det to the State ORTANT: | | 224 PHYSICIAN'S NAME LINES | SEPTENT) I 1/2 | Dac. | The Memorial | Hospital & Med. | Cntr | Inc |
| 5 | TO FUNERAL [shauld be deto with the State [IMPORTANT: If | | Dr. W. Diener | 0 | Jung | Memorial Ave | Cumberland MD | 21502 | LIIC. |
| 7 | 5 + 2 2 ₹ | 23a. B | URIAL, CREMATION, REMOVAL | . 23b. DATE | 23c NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | | |
| 4 39 | BP | | Burial | 11-17-1986 | Mt. Roy | val Cemetery | Pittsburgh | COUNTY | PA |
| DH | MH - 16 60M 7/84 | 24 FL | INERAL DIRECTOR | AF | DDRESS | | 20 1980 STATE OF THE LIGHT | AP'S SIGNATI | |
| | (VRA 15, 4) | | James F. Scarpe | elli, Cumberl | and, MD 2 | 21502 NUV | 201000 | - 1 (m) | |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, - STATE REG. NO 20. DATE KNOWN 7h HOUR (TYPE OR PRINT) 230.0 14,086 DEATH MATED Muir James 4. RACE A AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 24 HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED 15,086 0002 08 78YRS DEAD Cau Male 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Allegany Maryland U.S.A. IN CITY OF TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK Textile Filtration Comm. Hospital Frostburg Frostberg 13d INSIDE CITY LIMITS? 89 Bowery St., 21532 Allegany Frostburg Marvland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Willison Muir May John ADDRESS 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 214-07-6316 Mary C. Muir, Same as 13e 18. CAUSE OF DEATH (Enter only one cause per line lor (o), (b), and (c).) SUUCEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENDING THE CERTIFICATE, WRITING THE WORD "PENDING" IS A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Cardio-pulmonary arrest DUE TO, OR AS A CONSEQUENCE OF Coronary artery heart disease years Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) hypothyroidism : sick sinus syndrome 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? YES [NOT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM ETC I CITY OR TOWN STATE COUNTY NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above; held on Autopsy Homicide deoth resulted Undetermined monner TITLE (SPECIFY) 11/15/86 ACTUAL Dpty SMANURE MEDICAL EXAMINER ADDRESMemorial Hospital, Cumberland Md TYPE OR PRINT 23d. LOCATION 236 NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL 23b. DATE Burial 7186 Eckhart Cemetery Eckhart, Allegany, Md. 07/84 24. FUNERAL DIRECTOR **DHMH - 17** Dividion D Durst Funeral Home, Frostburg, Md. (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES DECEASED NAME OF ESTI-YPE OR PRINTI DEATH MATED WALTER **EDWARD** MUSTARD 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 97 86 1517 Male Cau LOUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia USA Allegany DIVORCED IO CITY OR TOWN OF DEATH I. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Minister Religion Cumber land Sacred Heart Hospital 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Rt I Box 112T / Allegany La Vale Maryland 15. MOTHER'S MAIDEN NAME Shell Mustard Ella Crockett 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS Mrs. Irene Mustard - same as above 223-12-7464 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Cardiac arrest sudden DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Coronary artery Heart Disease gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). Acute and congestive heart failure 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X 21a, EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Inspection X Autopsy Inquiry Ly death resulted from: Accident Suicide Undetermined monner TITLE (STOPEV 11/12/86 ACTUAL DATE SIGNATURE MEDICAL EXAMINER Memorial Hosp. Cumberland Md 21502 Snow, M.D. EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Mechanicsburg Ceme. Mechanicsburg, Bland, VA Burial 11/15/86 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH - 17** John J. Hafer, Jr. LaVale, MD 21502 (VR A15 ME (5))

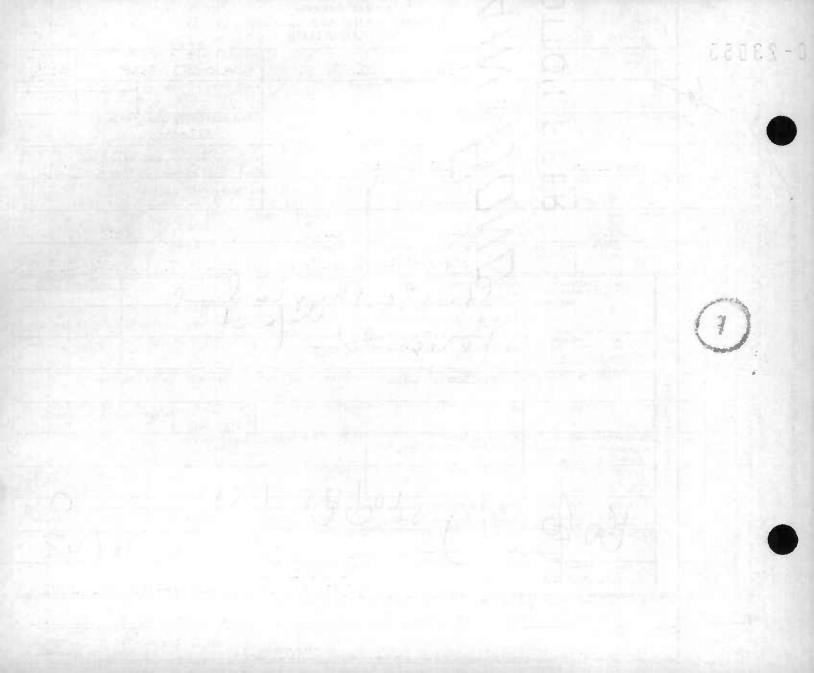
24109 111905 of amport Frr. Jrene , deferd - selle es floove and a fifth a considerate share tone. (schemicshare, sland, the John J. Haier, Jr. Lavale, Ja 27501 Margarado

23

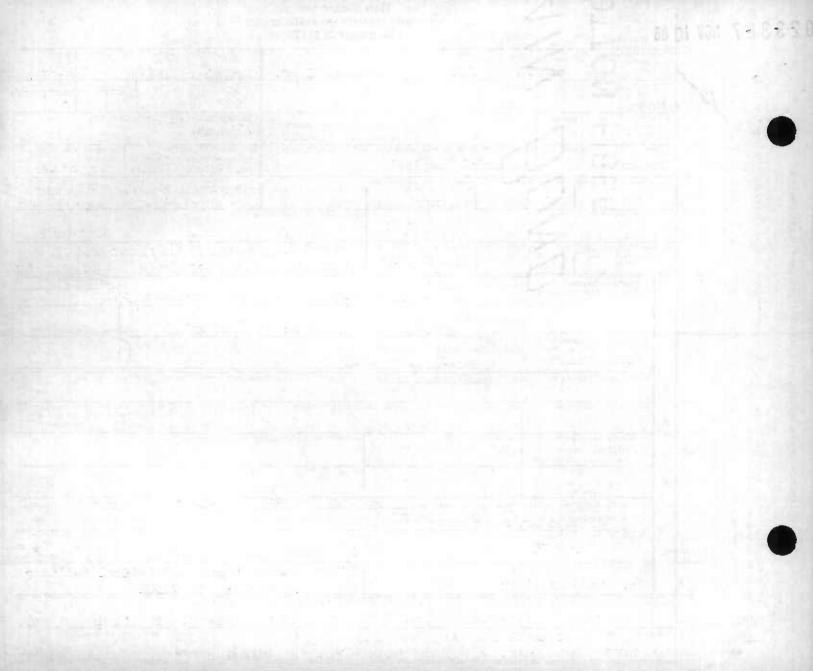
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1- | FOR STATE REGISTRAR | | DEPAR | | HEALTH AND MENTAL HYG FICATE OF DEATH | IENE 🍎 🔾 | 5 11 2 | . 9 / |
|--|----------------|---|---------------------------------|--|------------------------------|--|---|--|--|
| 5 | | | IR5T | MIDDLE | | LAST | 20. DATE OF DEATH MON | TH DAY YEAR | 2b. HOUR |
| 6 | (TYPE | OR PRINT) | OHN | LEONARD | N | ELSON, SR | November 1, | 1986 | 4:35 N |
| | 3-8E) | (| 4. | RACE | 5. DATE | OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDA | | IF UNDER 24 HRS |
| V | N | IALE | | WHITE | SEPT | 123 1913 YEAR | 73 | YRS MONTHS DAYS | HOURS MIN. |
| and the | 7a. BI | RTHPLACE (STATE OR FORF COUNTRY) MARYLAND | iG∾ 7b | CITIZEN OF WHAT COUNTR | Y? 8. MARRIE WIDOW | EDXX NEVER MARRIED DIVORCED DI | 9 BALTIMORE CITY OR CO | | WC |
| - C | | TY OR TOWN OF DEATH Cumberland | W. | I. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STR Memorial | HOSDIT | a1 | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO RETIRED CELAN | RKING LIFE) INDUSTRY | STLK |
| c must be | ₩5U/ 13a. S | AL RESIDENCE (IF NURSING TATE 138 MARYLAND | HOME OR OT L. COUNTY ALLE | HER INSTITUTION, GIVE RESIDENCE BEF 131. CITY OR TO CUMBERL | ore admission) IWN AND | YES NOXX | 130.STREET ADDRESS / ZIF RFD# 3 BEDFOR | CODE ROAD | 602 |
| Skamine | 14. FA | THER'S NAME ROBERT | MIL H | NELSON LAST | | OLARA | WIDDIE | BRANT | 51 |
| medica | | VAS DECEASED EVER IN (ES. 100 OR UNKNOWN) (1 | | PAR OR DATES) 166 SOCIAL SE 214-07 | | VIRGINIA NELS | ADDRESS SON RFD# 3 BEI | FORD ROAD | CUMBERI |
| r ta burial, c injury, or athe recomment event, | NOI | Conditions, if any, w gave rise to immed cause (a), stating underlying cause | MEDIATE hich iate the last. | One couse fer the for (o), (b), BY: CAUSE (a) DUE TO, OR AS A CONSECT DUE TO, OR AS A CONSECT (c) NDITIONS CONTRIBUTING TO | JUENCE OF | T NOT RELATED TO THE TERM | INAL DISEASE OR CONDITIO | | IMATE INTERVAL ONSET AND DEATH |
| hows ony | CERTIFICATION | 19a DATE OF OPERATIO | | 19b. CONDITION FOR WHIC | CH OPERATIO | | YESXX NO IN | . IF YES, WERE FINDII CERTIFYING CAUSES YES [] | NGS USED OF DEATH? |
| tem 18 s | | 210. ACCIDENT WAS UNDERLOR CONTRIBUTING . CAU | SE OF DEATH | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. | DAY YEAR | | RED (ENTER NATURE OF INJURY IN | TEM 18 PART I OR PART 2} | |
| rked or | MEDICAL | 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK | | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC | E, FARM, ETC } | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| Dept. of Mear f Item 21 is mo | | 27u.1 certify that (I) (I) such this deceased obtained (I) (we) (did) 77h. SIGNATOR | Il Kenn | 10/21 | 250 | DEGREE ATTENDING | death occurred an the date o | | that (II) (we) la causes stated SIGNED |
| with the State | | 22d PHYSICIAN'S NAMI Dr. Fis | | ment) | | Memorial Hos | DIRECTOR PHYSICIAN | | 21502 |
| | (| URIAL, CREMATION, REA SPECIFY) BURIAL, | MOVAL | | | CEMETERY OF CREMATORY MEMORIAL PARK | 23d. LOCATION CUMBERLAND | ALLEGANY MA | ARYLAND |
| 50M 7/84 5, 4) | | INERAL DIRECTOR NAME SILCOX-MERR | ITT F | UNERAL SERVICE | E CUMBI | 1101 | E REC'D. BY REGISTRAR 25b. | | URE |



| | FOR | | 0.00.4.00 | STATE OF M | | UVOIENE | 26 63 | - 2 | α | |
|--|---|------------------------------------|---|----------------------------|------------------|---------------|---|--------------------|-----------------|-------------------------------------|
| 3387 NOV 10 | STATE REGISTRAR | | DEPAK | CERTIFICATI | | LHTGIENE | REG. N | 10 | 0 | |
| | I. DECEASED NAME | FIRST | MIDDLE | LAST | | 20. D | ATE OF DEATH | MONTH DA | YEAR | 2b HOUR |
| be of the | (TYPE OR PRINT) | SAMUEL | JAMES | NIGHTIN | GALE Jr | No. | vember | 1. 1986 | , | 5:27 AM |
| ou od a | 3. SEX | 4. RACE | | 5. DATE OF BIRTH | 1 | 6. AG | E IN YEARS LAST BI | | UNDER I YEAR | IF UNDER 24 HRS |
| Poge 4 moy be director, page 3 leurs offer death | Male | Whi | te | | 12 18 | | 38 | YRS | DIVINS DATS | HOURS MIN. |
| Figure 1. Po | 7a. BIRTHPLACE (STATE O | R FOREIGN 76. CITIZEN | OF WHAT COUNTRY | ? 8. MARRIED X | | 9 BA | TIMORE CITY | OR COUNTY | OF DEATH | |
| de other | Maryland | | USA | WIDOWED | DIVORCED | A | legany | | | MD. |
| by the full hothlied | Cumberland | Memo | OF HOSPITAL, NURS IN SUCH FACILITY GIVE STREE Prial Hospi | tal | er institution | TYPE | SUAL OCCUPAT OF WORK FOR MOST Planese | OF WORKING LIFE) | INDUSTRY | tile |
| d in d in | USUAL RESIDENCE (# NU 130. STATE | RSING HOME OR OTHER INSTITU | 13€. CITY OR TO | ORE ADMISSION) WN 113d, IN | SIDE CITY LIMIT | TS? 113e.ST | REET ADDRESS | / ZIP CODE | Sund | 20111 |
| AND 2 n 24 h movid t | Maryland | Allegany | | land YES | | 60 | 9 Shri | | | |
| E, MARYL, order within to and 2 pt 1 and 2 pt 2 p | 14 FATHER'S NAME FIRST | WIDDLE | LAST | Sr. 15. MC | THER'S MAIDE | NNAME | WIDDLE | | 1.45 | ST. |
| MA sed omploaned | Samuel | James | Nightir | ngale | Sara | | | | | dner |
| BALTIMORE, ote be execu- spers. Pages, vol. "t, the medico | 160 WAS DECEASED EVE (YES, NO OR UNKNOWN) Yes | (IF YES, GIVE WAR OR DAT | | | | | land, M | | | |
| ALTIM re be e res. Po oers. Po oers. Po | Yes | WW 1 | 214-07- | -0043 E1 | izabet | h Nig | htinga | le 60 | 9 Shr | iver Av |
| (DS, 201 W. PRESTON Figures that the death cr Figure by the attendin Figure, or other traumotic | Conditions, if an gave rise to it couse (o), state underlying cau | y, which mmediate ting the se last | O, OR AS A CONSEQ | UENCE OF | CVA | TERMINAL | OB. | ADITION GIVE | N IN PART TO | 01 |
| DIVISION OF VITAL RECORDS, ING PAYSK (AN) The faw requires after that certificate has been signed to the bound through the permit. Then the bound through the permit the pay mental hygoene prior to be not b | 190 DATE OF OPER | ATION 19b. CO | ONDITION FOR WHIC | H OPERATION WAS | PERFORMED | | AUTOPSY? | | WERE FINDIN | |
| OF VIIT, CLEAN, T C CLEAN, T C C C C C C C C C C C C C C C C C C C | OR CONTRIBUTIONS | CAUSE OF DEATH HOU | ME OF INJURY R. A.M. MONTH I P.M. | DAY YEAR | OW INJURY OF | CCURRED (E | NTER NATURE OF INS | URY IN ITEM 18 PAR | RT (OR PART 2) | |
| IVISION JG PHYS attending to the but he but ked or it | (IF EITHER NOTIFY ME 21d. INJURY OCCU WHILE NOTIV AT WORK | | ACE OF INJURY ME STREET, FACTORY, OFFICE | | STREET | | CITY OR T | OWN | COUNTY | STATE |
| TTENDIA Sprtol or CTOR: At for use of of Health | | t) (this hospital) attended | from t | Could | in (my) (aur) ap | inion death o | occurred on the | date and haur | | that (I) (we) last couses stated |
| At OR A the house At DIRE deteched one Dept of if here | 226. SIGNATURE | 162 | | DEGREE M 1) | ATTENDI | | DICAL STA | | 22c DATE | SIGNED / /86 |
| O HOSPIT rtained by O FUNE hould be d | | NAME (TYPE OR PRINT) | | 27e A | | | Hospit | | cal Bu | uilding |
| 5 5 5 5 3 4 A | 23a BURIAL CREMATION | | E 23c | NAME OF CEMETER | | | LOCATION | 21302 | | |
| BP | ISPECIFY) Buri | | | . Patri | ck's C | | umberl | and Al | Legar | ov Md. |
| | 24 FUNERAL DIRECTOR | Cumberla | nd.Maryla | and 2150 | 250 | | D. BY REGISTRAI | 25b. REGISTR. | AR'S SIGNAT | URE INC. |
| DHMH - 16 60M 7/84 (VRA 15, 4) | Leasure-S | tein, Inc. | 230 Balt | imore A | re. | VOV | A 1988 | Ash | Malle | n. Pandace |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20. DATE OF DEATH MONTH

6. AGE (IN YEARS LAST BIRTHDAY)

REG. NO

NOVEMBER 24, 1986

CERTIFICATE OF DEATH

- STATE REGISTRAR I. DEGEASED NAME FIRST (TYPE OR PRINT) CHARLES SEYMOUR OFFUTT 4. RACE 5. DATE OF BIRTH Male White 10 Feb. To. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY?

1909

IF UNDER 1 YEAR

2b. HOUR

BALTIMORE CITY OR COUNTY OF DEATH

Allegany 12a USUAL OCCUPATION

LTYPE OF WORK FOR MOST OF WORKING LIFE)

126. KIND OF BUSINESS OR **INDUSTRY** Tire Manufactur

MEMORIAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

WIDOWED

13d INSIDE CITY LIMITS? YES TX NOF 15. MOTHER'S MAIDEN NAME

MARRIED NEVER MARRIED

13. STREET ADDRESS / ZIP CODE 523A Fayette St.

Tube Room

21502

Maruland FATHER'S NAME James 160 WAS DECEASED EVER IN U.S.

No

(YES. NO OR UNKNOWN)

Canditions, if any, which

underlying cause

190 DATE OF OPERATION

21d INJURY OCCURRED

(IF FITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

aruland

CUMBERLAND

D. CITY OR TOWN OF DEATH

FOR

MIDDLE W. ARMED FORCES?

Offutt 166. SOCIAL SECURITY NO

Cumberland

Maria 17. INFORMANT

Gertrude Offutt

Shephard

Same as #13 above

214-07-1063 18 CAUSE OF DEATH (Enter only one couse per lipe for (a), (b), and ic. PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

gove rise to immediate cause (a), stating the

IMMEDIATE CAUSE to

Allegany

LIE YES GIVE WAR OR DATES

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CITY OF TOWN

NOF

and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated

IN CERTIFYING CAUSES OF DEATH? NO [

COUNTY

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

HOUR A.M. MONTH DAY YEAR PM 21e. PLACE OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21f LOCATION

MEDICAL

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2

STATE

220 1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive on abave, (1) (we) (did)(did nat) view the bady after death

DEGREE

STAFF PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED MEDICAL BUILDING

DR. ELDER

22b. SIGNATURE

MEMOREAL HOSPITAL CUMBERLAND, MARYLAND

DEC

21502

Should be detained by with the State

IMPORTANT:

Burial 24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

Nov. 26,1986 SS. Peter & Paul 202 Greene St.

21502

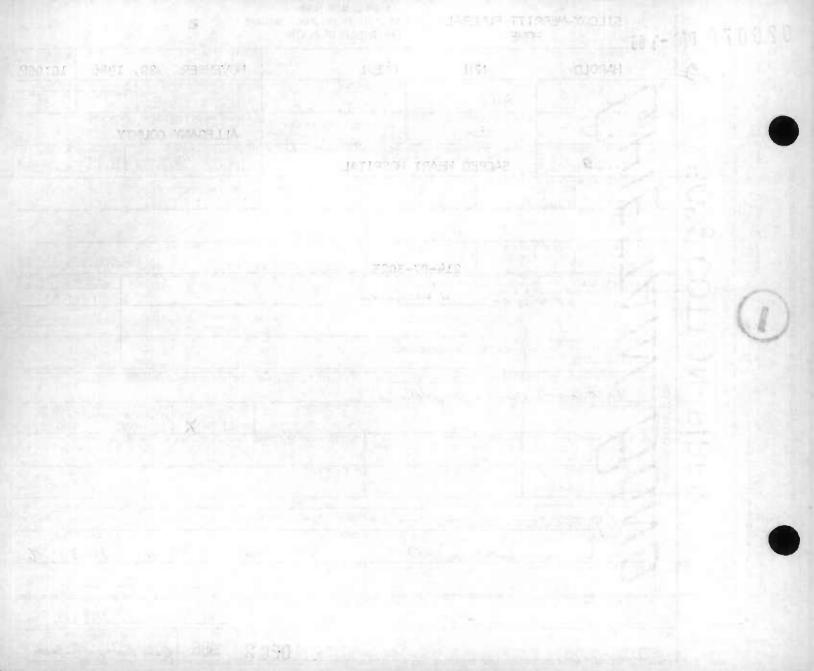
23c. NAME OF CEMETERY OR CREMATORY

Cumberland 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

George-Upchurch Fun'l. Home Cumb., MD

Julia Divideon Pandal

DHMH - 16 60M 7/84 (VRA 15, 4)

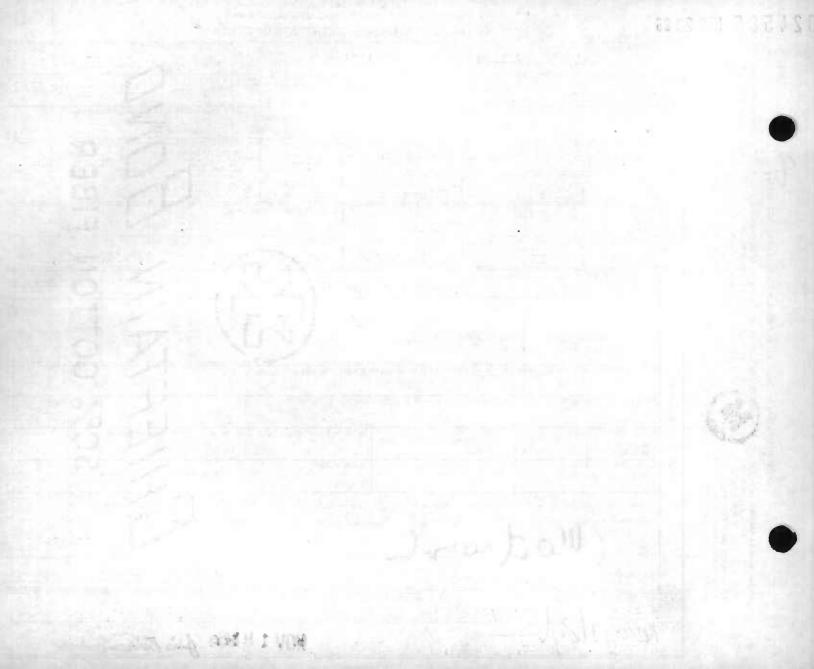


| 2 4 0 NOV 2 | 518 | FOR STATE REGISTRAR | | | DEPART | | EALTH AND A | | IENE 5 | REG. NO. | 3 | 0 6 | . 0 | 4 |
|--|---------------|-------------------------------------|-------------|-----------------|--------------------------|-------------|-----------------|--------------------|---------------|------------------|-----------------------------------|-----------------|-------------------------|---------------|
| | 1. DE | CEASED NAME | FIRST | | MIDDLE | į. | AST | | 2a. DATE OF | | ONTH DA | AY YEAR | 2b HOUR | R |
| o the A | TYPE | OR PRINT) | JOHN | | JOSEPH | Pi | HILLIPS | | | | 11 20 | 0 86 | 9:31 | Δ |
| may be page 3 | 3. SE | | 701111 | 4 RACE | OOOLIII | 5. DATE C | | | 6. AGE INY | EARS LAST BIRTHO | | IF UNDER 1 YEAR | IF UNDER | 24 HRS |
| of of | 8 | MALE | | WH | ITE | 08° | O1 | 02 | 1 | 81 | YRS. | ONTHS DAYS | HOURS | MIN. |
| uneral directions to the second direction of the secon | | RTHPLACE (STATE OR | FOREIGN | 7b. CITIZEN C | F WHAT COUNTRY | 8 | | | 9. BALTIMO | RE CITY OR | FICO. | OF DEATH | 1 | |
| 5 % S | M | ARYLAND | 1 | USA | A | WIDOWE | DEVER M | ORCED | ALLE | GANY CO | YTHUC | | | MD. |
| a fee for | 10 C | TY OR TOWN OF DEA | ATH | | F HOSPITAL, NURSI | NG HOME C | | | 12a. USUAL | OCCUPATION | N | 126. KIND (| OF BUSINES | |
| a bold the filled the | | MBERLAND | | MEMO | RIAL HOSP | ITAL | | | RETIR | ED A.B | L. | LAB. | | - 3 |
| filled in | 13a. S | TATE CYLAND | 13b. COUN | 1TY | 13c. CITY OR TOV | VN | 13d INSIDE CI | TY LIMITS? | 429 I | ADDRESS / Z | DENCE | ST/21 | 502 | |
| I I mine | 14. FA | THER'S NAME | | MIDDLE | last | | 15. MOTHER'S | | ME | MIDDIE | | 7-15 | AST | |
| Jage Jag | | SIDNEY | 94518 | D. | PHILLIPS | 5 | CL | ÄRA | | MIDDIE E. | | ROTH " | (2) | |
| d co | 160 V | VAS DECEASED EVER | | MED FORCES | | | 17. INFORMAL | | 1,500 | ADDRESS | 3 | | 21502 | |
| 0 0 0 | | NE MO OR UNKNOWN) | (# 123, 011 | E THE OR DETECT | 214-07-0 |)184 | PORIS H | ARTUNG | 314 P | IEDMON. | Γ AVE | CUMBE | RLAND |) MD |
| | | 18 CAUSE OF DEAT PART I. DEATH W | H (Enter on | ly one couse p | er line for (o), (b), a | nd (ci.) | 1 | _ | | | | BETWEEN | XIMATE INTER | VAL DE ATH |
| (a) 30 3 | | TAKTI: DEATH | | E CAUSE (0)_ | Carella | c 1 | tres | | | | | | | |
| n signed by Then please ta burial, cr injury, ar ath | NO | PART 2. OTHER SIGN | | (0) | OR AS A CONSEQUE | | NOT RELATED | TO THE TERM | MNAL DISEAS | E OR CONDI | TION GIVE | N IN PART 1 | {a ' | |
| has been priare ene priare | CERTIFICATION | 19a DATE OF OPERA | TION | 19h CON | DITION FOR WHIC | H OPERATIO | N WAS PERFO | RMED | 200 AUTO | | 20b. IF YES, IN CERTIFY YES | WERE FIND | INGS USED S OF DEATI | H? |
| physicia fificate h I-transit al Hygie m 18 sha | 1 8 | 21a. ACCIDENT WAS UNI | DERLYING [| | OF INJURY | | 21c. HOW IN. | JURY OCCUR | | | | | | - |
| ding physicie is certificate burial-transit Mental Hygie or Item 18 sho | | OR CONTRIBUTING | | | A.M. MONTH [| AY YEAR | | | | | | | | |
| American American | MEDICAL | 21d INJURY OCCUR | | 21e PLAC | E OF INJURY | | 211 LOCATIO | N | 7/50 | | | COUNTY | | |
| the and and | Z | WHILE NOT WE | HILE | (AT HOME, | STREET, FACTORY, OFFICE, | FARM, ETC) | STREET | | | CITY OR TOWN | | COUNTY | 51 | TATE |
| OR: After r use as Health I is mark | | 22a I certify that (I) | (this hospi | tal) attended | the deceased from | | | 19 87 | | 1/- | 20 1 | 280 | , that (1) (w | ve) last |
| TOR for u of He | | sow the deceas | ed olive on | MI SECTION | 10 19 | 86.01 | id that in (my) | (our) opinion | death occurre | d on the date | and hour | and from the | | |
| DIRECTOR Dept. of H | | 27k SIGNATURE) | A laid no | r) view the Bo | dy after death. | | DEGREE | | | | | 22c DATE | ESIGNED | |
| 로 그 호크 = | | 11/19 | Jan | M_ | | | A | TTENDING PHYSICIAN | MEDICAL | STAFF | NO | 11- | 21- | 80 |
| HUNERAL He State ORTANI: | 1 | 22d. PHYSICIA - 5 N. | AME (TYPE C | R PRINT) | 2 | | 22e. ADDRESS | | DIRECTOR | PHYSICIA | <u> </u> | 1 // | - / | 00 |
| | | DR. AN | THONY | RARRE | RΔ | | MEMORI | AT HOS | ΡΤΤΔΙ (| CIMBER | I ΔND | MD 21 | 502 | |
| 58134 | 23a. F | SURIAL, CREMATION, | | | | NAME OF C | EMETERY OR C | | 23d. LOCA | | TATATA | 110. 41 | .502 | |
| P | | BURTAL | EO.AL | | | | T BURIA | | | ERLAND | ATTE | CANV A | MARVI SI | ATE |
| | _ | NERAL DIRECTOR | | 210 4 2 | 3 1700 111. | | I DOLLIN | | | EGISTRAR 25 | b. REGISTR | AR'S SIGNA | TURE | אות |
| WH - 16 60M 7/84 (VRA 15, 4) | | SILCOX-MERI | י ייייי | म क्रास्त्रा क | ADDRESS | א דרייוני | TID MADST | | | | lia De | sides no Re | ndres | |
| 1+107 10. 47 | | TTOOY-MEKE | | UNEKAL | HUME CUM | BEKLA | ID MAKY | AIR | D 7 W | 4 | | | 4 | |

STATE OF MARYLAND

| 1 20 86 9:34 A | GRIEGIPS . | | | |
|---------------------------|------------|----------|---------------|------|
| | sa to 80 | | | TJAN |
| ATTRICA ANAGORIA | | | | |
| | | | | |
| 020 140EPENDERGE 25/21502 | | | ANYOR TOWN | |
| | | | | |
| | | | | |
| | | | | |
| | | L. Tarke | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | 14 | | |
| 1.42 11. | | | | |
| | | | THE AUTHORITE | 22 |

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENES 0 2 4 5 8 5 NOV 2018 STATE REGISTRAR REG. NO. I. DECEASED NAME 20. DATE KNOWNXX MONTH LIYPE OR PRINTE Keith Walton Phillips DEATH MATED a M 3 SEX 4. RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 86 09/03/22 White 64 DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH S BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED W. VA. USA Allegany DIVORCED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Cumberland Memorial Hospital Cumberland Shipping tire manuf. 13d. INSIDE CITY LIMITS? P O Box 113/ 21529 Allegany Ellerslie MD YESK 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Virgie Waitman Phillips E. Ambrose 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218 16 4527 Helen Phillips, Box 113, Ellerslie, MD WWII ves 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Myocardial infarction DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION NOT WHILE STREET, FACTORY, FARM, ETC. CITY OR TOWN AT WORK 22a. I certify that I took charge of the remains described above, held on Notural couses Accident Undetermined monner 11-11-86 ACTUAL DATE SIGNATURE MEDICAL EXAMINER ADDRES 900 Seton Drive, Cumberland, MD 21502 Giovanni Mastrangelo, M.D. ZIE BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 11/15/86 Hyndman Cemetery Hyndman, Bedford, PA 25M **DHMH - 17** gler, Hyndman, PA 15545 (VR A15 ME (5))



APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (THE OF PRINT) 22e. ADDRESS Memorial Hospital Medical Building Dr. N. Ranjithan Cumberland, MD 21502 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Burial Nov. 8, 1986 Mt. Hebron Ceme. Winchester, Virginia 24 FUNERAL DIRECTOR LaVale, MD 21502 John J. Hafer, Jr.

76 HOUR

126 KIND OF BUSINESS OR

Own Home

21524

Helms

IF UNDER 1 YEAR

DHMH - 16 60M 7/B4 (VRA 15, 4)

Personal Party State of the Sta setili te sant site sant sure yuneli uniol . d. deburgel - 1 kg condide, Je. Partial ... Siev. B. 1986 Mt. Hebten Case. - Macagaren, Virginia Committee of the second of the Korts of the state of the second of the s

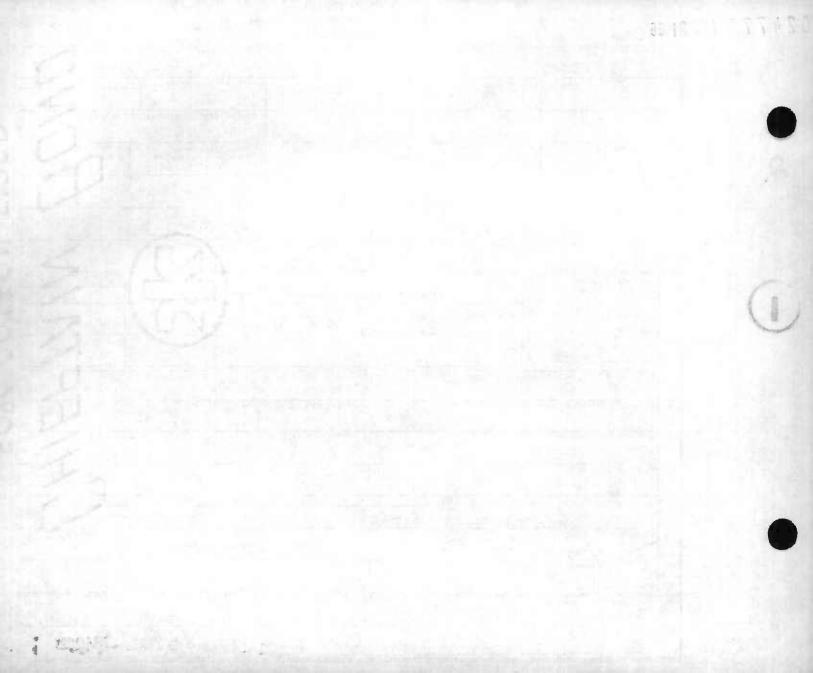
| 9 000 | no Vanasa cuo, 1936 - 20 | | IN EMBY | FRANCES |
|-------|--------------------------|-------------------|---------|----------|
| | ene-ythavsa ar | - 61 · 10 | | |
| | GAADISONOO YWASELIA | | | |
| | | minulations and i | | Фидрышей |

THE PROPERTY MANAGEMENT AND ASSESSED.

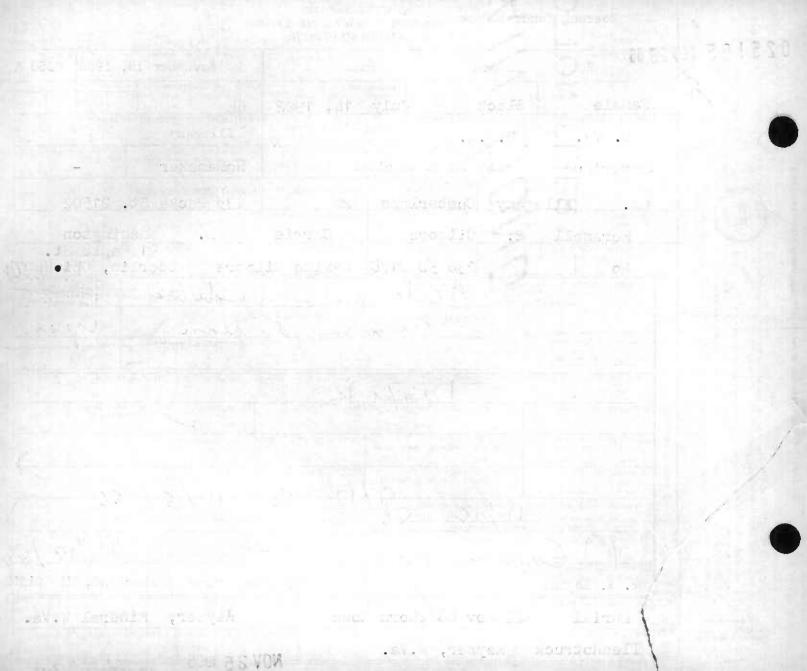
DE CURTIES RETRICUE

MEMORIAL MOSPILAL NEED SEED, SEEDS MEED ME.

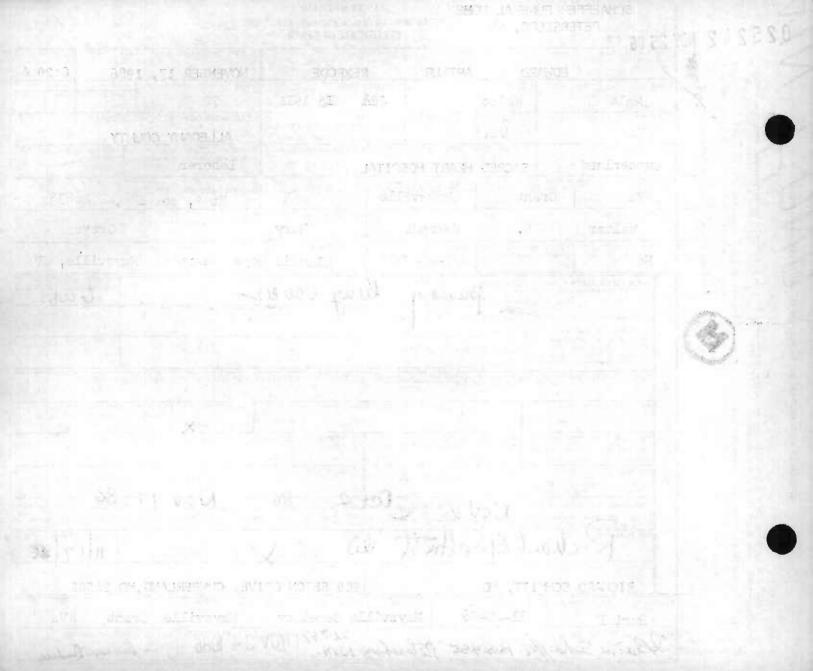
STATE OF MARYLAND 0 2 4 7 7 6 NOV 2 11 8 GTATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20 DATE OF DEATH DECEASED NAME 26 HOUR (TYPE OR PRINT) Ethel Viola Rawlings 11-14-1986 5:00P 5. DATE OF BIRTH 4. RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS 3. SEX 06-02-1895 white female BALTIMORE CITY OR COUNTY OF DEATH a. BIRTHPLACE TE CITIZEN OF WHAT COUNTRY I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY USA Allegany WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IB. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Westernport housewife Moran Manor own home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 13a. STATE Allegany 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 315 Pulaski Street/21502 Cumberland YES X 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME John W. Summers Mary Ellen Metcalfe 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 234-48-3050 Mr. Carter L. Rawlings, Cumberland, MD - son APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: acres IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which Coronas gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? be NO 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE FARM ETC 1 STREET NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram. sow the deceased alive on______abave, (1) (we) (did) (did nat) view the bady after death and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL old be deta PHYSICIAN DIRECTOR PHYSICIAN APORTANT. 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Dr. Jesus H. Tan Frostburg Plaza, Frostburg, MD 21532 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial COUNTY 11-17-1986 Burlington Cemetery Burlington 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 James F. Scarpelli, Cumberland, MD 21502 (VRA 15, 4)



| | | | 1. | FOR Rotruck Fr | uneral Home DEP | STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY | GIENE B 5 | 0 2 5 0 |
|------------|--|----------------|----------------|--|---|--|--|---|
| 02 | 5195 | 110 | 1 | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
| 0 2 | poge 3 | NU | 1. DE | Ruth | Ann | Redman | November 18 | 1986 0350 A |
| | 4 may or, poor | B | 3. SE | and the second second | 4. RACE | S. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) IF | UNDER I YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN. |
| | nge rect | | | Female | Black | July 14, 1902 | 84 YRS. | |
| 0 | 4 22 5 | 15 | 7a. 81 | RTHPLACE (STATE OR FOREIGN Va. Va. | 75. CITIZEN OF WHAT COUN | RY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED | Allegany | PF DEATH MD. |
| 101 | to the to | 2 | | TY OR TOWN OF DEATH Cumberland | Sacred Heart | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKET | 126 KIND OF BUSINESS OR INDUSTRY |
| UND 2112 | | 35 | USU, 13a. S | TAIL 136 COL | or other institution, give residence in the state of the | TOWN 13d. INSIDE CITY LIMITS? | 13. STREET ADDRESS / ZIP CODE 235 Packa St | 21502 |
| 2 | 星 188 | 4// | 14. FA | THER'S NAME | | 15. MOTHER'S MAIDEN NA | AME | 21/02 |
| MAN | TESC. | 0// | 31 | Marshall | E. Gilmo | re Carrie | I Was | nington |
| ui oc | 400 p | 8 7 | | AS DECEASED EVER IN U.S. A | RMED FORCES? 166 SOCIAL | SECURITY NO. 17. INFORMANT | | Maple St. |
| MO | 900 | E / | (| res, no or unknown) (if yes, g | 236 5 | 0 0178 Maxine Gi | 21. | in. Obje44074 |
| N ST., BAL | certificate ling physica rhenpaper r removal | tic event, the | | | only one cause per line (d.o.), (b.) SED 8Y: ATE CAUSE (a) | wir fluth. | edewe | APPROXIMAL INTERVAL BETY FEMONSET AND DEATH |
| W. PRESTO | bot the death by the attendation of it cremation, a | ather trauma | | Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSI | oman a | i hense | years |
| RDS, 20 | n signed Then ples to thurs | mpry, or | NOI | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | TO DEATH BUT NOT RELATED TO THE TERM | NINAL DISEASE OR CONDITION GIVEN | IN PART No |
| A RECO | he low of the low of t | 2 | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR WE | HICH OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF YES, NO YES YES | WERE FINDINGS USED NG CAUSES OF DEATH? NO \(\bigcap \) |
| × / | A Hyd | 2 | 8 | 210. ACCIDENT WAS UNDERLYING | | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 PART | I OR PART 2) |
| 0 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 17 | CAL | OR CONTRIBUTING CAUSE OF DI | | 19 | | |
| Sio | 1 1 1 1 E | 6 | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF | 211 LOCATION | critica (pws. | COUNTY STATE |
| NO S | 2 5 5 5 5 5 | | 2 | AT WORK NOT WHILE | 1 | 6/17 01 | 11/1 | " |
| | N B B | 1 | | 220.1 certify that (1) (this has | oital) attended he deceased fro | om | to_///8 19 | , that (I) (we) last |
| | To the state of th | | | saw the deceased alive a abave, (1) (we) (did) (did n | nat) view the bady alter death | 9, and that in (my) (aur) opinion | death occurred on the date and hour a | nd from the causes stated |
| | A Sand | | | 226. SIGNATUR | | DEGREE | / | 22C DATE SIGNED |
| | A A B P P | - | | | slamir : | ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | 11/18/91 |
| 3 | o FUNERAL Hould be del Hould be | | 1 | 274 PHYSICIAN'S NAME TTYPE | OR PRIVE | 22e ADDRESS | | 1 100 |
| | 0 0 0 0 0 | 1 | | Dr. R. Espina | | 907 Se | eton Drive Cumber | land, Md 21502 |
| | | | 73a 81 | PECIAL, CREMATION, REMOVA | L 23b. DATE | 231. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION | COUNTY |
| | BP | | 24 FU | Bullat | 22 Nov 86 | Thorn Rose | Keyser, Mir | neral W. Va. |
| D | HMH - 16 60M 7 | | 4 FU | PERAL DIRECTOR | ADDRES | 25a DA1 | E REC'D. BY REGISTRAR 25h REGISTRA | R'S SIGNATURE |
| | (VRA 15, 4) | | | MenRotruc | k Keyser, | w.va. | N 0 = 4800 | |



| 11171 | | | | | | | , |
|--|--|--|--|--|---|--|-------------|
| No. Children | REGISTRAR | | | TIFICATE OF DEATH | REG. NO | D. | |
| | DECEASED NAME FIRST | ST MIDD | DLE | LAST | 26. DATE OF DEATH | MONTH DAY YEAR | 2b |
| か かし | E | DWARD A | RTHUR | REXRODE | NOVEMBER | 17. 1986 | 6 |
| 7/1 | SEX | 4. RACE | | TE OF BIRTH | 6. AGE (IN YEARS LAST BIRT | THOAY) IF UNDER 1 YEAR | IF |
| 0 | Male | White | J | fan 15 1914 | 72 | MONTHS DAYS | HC |
| P 10. | BIRTHPLACE (STATE OR FOREIG | 76. CITIZEN OF WH | AT COUNTRY? 8. | RRIED NEVER MARRIED | 9. BALTIMORE CITY O | R COUNTY OF DEATH | - |
| 89 | WVa | USA | | OWED DIVORCED | ALLEGAN | Y COUNTY | |
| 10. | CITY OR TOWN OF DEATH | 11. NAME OF HOS | SPITAL, NURSING HOM | AE OR OTHER INSTITUTION | 12a. USUAL OCCUPATE | ON 12b, KIND O | |
| PA | Cumberland | | CILITY, GIVE STREET ADDRESS) | | (TYPE OF WORK FOR MOST O | F WORKING LIFE) INDUSTRY | |
| 2/10 | UAL RESIDENCE (IF NURSING NO | OME OR OTHER INSTITUTION, GIVE | E RESIDENCE BEFORE ADMISSIO | ON) | 4 | 90 | 5 |
| 1 5 " | WVa 131 | Grant 13c | Maysville | YES NO P | Rt 3. H | ZIP CODE Box 12 | 68 |
| | EATHER'S NAME | | | 15 MOTHER'S MAIDEN NA | | JOA IZ | _ |
| XX | Walter | WIDDLE | Rexrode | "Mary | WIDDLE | Grov | es |
| 160 | . WAS DECEASED EVER IN U. | S. ARMED FORCES? 16h | SOCIAL SECURITY NO | | ADDRE | | |
| 90 | | | 232-26-0522 | | Hope Rexrod | | le |
| | | | | 0200- | | | _ |
| 0.0 | 18 CAUSE OF DEATH (En PART I. DEATH WAS C | AUSED BY: | far (a), (b), and (c).) | lung Conce | ۸ | APPRO) BETWEEN | |
| 6 6 6 | IMM | EDIATE CAUSE (a) | mary | my cond | | 6 | u |
| 1 | | | | | | | |
| | | DUE TO, OR AS | S A CONSEQUENCE OF | F V | | | |
| 1.2 | Canditions, if any, which | | S A CONSEQUENCE OF | F | | | |
| 9) | Canditions, if any, white gove rise to immedio | ch (b) | S A CONSEOU ENCE OF | F V | | | |
| 4) | gove rise to immedio couse (a), stating t | ch (b) he DUE TO, OR AS | S A CONSEOUENCE OF | | | | |
| 9) | gove rise to immedia couse (a), stating the underlying cause las | ch (b) DUE TO, OR AS (c) | s a consequence of | F | | | |
| | gave rise to immedio couse (a), stating the underlying cause last PART 2. OTHER SIGNIFIC, | ch (b) DUE TO, OR AS (c) | s a consequence of | | MINAL DISEASE OR CONE | DITION GIVEN IN PART 1 | la: |
| or to burid | gave rise to immedio couse (a), stating the underlying cause last PART 2. OTHER SIGNIFIC, | ch (b) (b) (b) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d | S A CONSEQUENCE OF | BUT NOT RELATED TO THE TERA | ainal disease or cont | | |
| only mjury, or hel. | gave rise to immedio couse (a), stating the underlying cause last PART 2. OTHER SIGNIFIC, | ch (b) (b) (b) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d | S A CONSEQUENCE OF | F | AINAL DISEASE OR COND 20a AUTOPSY? | 20b. IF YES, WERE FINDI | NGS |
| permit, them programmer prior to burious only milary, or their | gave rise to immedio couse (a), stating the underlying cause last PART 2. OTHER SIGNIFIC, | ch (b) (b) (b) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d | S A CONSEQUENCE OF | BUT NOT RELATED TO THE TERA | | | NGS S OF |
| other permit, them plood to frigure prior to buriof. 8 shapes only mjury, or their | gave rise to immedio couse (a), stating the underlying cause last PART 2. OTHER SIGNIFIC, | ch (b) (b) (b) (c) (d) (e) (d) (e) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e | RIBUTING TO DEATH E | BUT NOT RELATED TO THE TERM TION WAS PERFORMED 21°L HOW INJURY OCCUR | 20a AUTOPSY? YES NO | 20b. IF YES, WERE FINDING CAUSES YES | NGS S OF |
| To describe the second of the | gove rise to immedio couse (a), stating 11 underlying couse la: PART 2. OTHER SIGNIFICA 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN | ch de he do not be st. ANT CONDITIONS CONT 196. CONDITIO NG | RIBUTING TO DEATH E | BUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c. HOW INJURY OCCUR | 20a AUTOPSY? YES NO | 20b. IF YES, WERE FINDING CAUSES YES | NGS S OF |
| | gove rise to immedio couse (a), stating 11 underlying couse la: PART 2. OTHER SIGNIFICA 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN | ch die he DUE TO, OR AS St. (c) ANT CONDITIONS CONT 19b. CONDITIO NG | S A CONSEQUENCE OF RESULTING TO DEATH BE NOT FOR WHICH OPERATION OF THE PROPERTY OF THE PROPER | BUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c. HOW INJURY OCCUR | 20a AUTOPSY? YES NO | 20b. IF YES, WERE FINDING CAUSES YES | NGS |
| | gove rise to immedio couse (a), stating it underlying cause la: underlying cause la: PART 2. OTHER SIGNIFICA 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE: (IF EITHER, NOTIFY MEDICAL EXAMINED CAUSE) 21d. INJURY OCCURRED | ch de he st. (b) DUE TO, OR AS (c) ANT CONDITIONS CONT 19b. CONDITION NG | S A CONSEQUENCE OF RESULTING TO DEATH BE NOT FOR WHICH OPERATION OF THE PROPERTY OF THE PROPER | BUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c. HOW INJURY OCCUR 19 211 LOCATION | 20a AUTOPSY? YES NO | 206. IF YES, WERE FINDI IN CERTIFYING CAUSES YES 19 19 19 19 19 19 19 19 19 19 19 19 19 | NGS S OF |
| and the second s | gove rise to immedio couse (a), stating 11 underlying couse la: PART 2. OTHER SIGNIFICA 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN | ch de he st. (b) DUE TO, OR AS (c) ANT CONDITIONS CONT 19b. CONDITION NG | S A CONSEQUENCE OF | BUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c. HOW INJURY OCCUR 19 211 LOCATION | 206 AUTOPSY? YES NO | 206. IF YES, WERE FINDI IN CERTIFYING CAUSES YES 19 19 19 19 19 19 19 19 19 19 19 19 19 | NGS S OF |
| | gove rise to immedio couse (a), stating the underlying couse last underlying couse last underlying couse last last last last last last last last | ch de he st. (b) DUE TO, OR AS (c) ANT CONDITIONS CONT 19b. CONDITIONS OF INHOUR A.M. AMINER) P.M. 21b. TIME OF INHOUR A.M. 11c. PLACE OF INHOME. STREET, INTOME. | S A CONSEQUENCE OF | BUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c. HOW INJURY OCCUR 19 211 LOCATION | 206 AUTOPSY? YES NO | 206. IF YES, WERE FINDI IN CERTIFYING CAUSES YES 19 19 19 19 19 19 19 19 19 19 19 19 19 | NGS S OF |
| | gove rise to immedio couse (a), stating the underlying cause lost underlying cause lost underlying cause lost lost lost lost lost lost lost lost | ch (b) (b) (c) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e | RIBUTING TO DEATH E IN FOR WHICH OPERA JURY MONTH DAY YEA INJURY FACTORY, OFFICE, FARM, ETC.) | BUT NOT RELATED TO THE TERM TION WAS PERFORMED 21t. HOW INJURY OCCUR AR 19 21I LOCATION STREET | 206 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOV | 206. IF YES, WERE FINDI IN CERTIFYING CAUSES YES 19 10 PART 1 OR PART 2) | NGS S OF |
| | gove rise to immedio couse (a), stating the underlying couse lost underlying couse lost lost lost lost lost lost lost lost | Ch (b) (b) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d | RIBUTING TO DEATH E IN FOR WHICH OPERA JURY MONTH DAY YEA INJURY FACTORY, OFFICE, FARM, ETC.) | BUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c. HOW INJURY OCCUR 19 211 LOCATION STREET 19 20 211 LOCATION OF TREET 210 AG 211 LOCATION OF TREET 211 LOCATION OF TREET | 206 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOV | 206. IF YES, WERE FINDING CAUSES YES YES YES 10 OR PART 2) NO COUNTY The and hour and from the | that |
| | gove rise to immedio couse (a), stating the underlying cause lost underlying cause lost underlying cause lost lost lost lost lost lost lost lost | ch (b) (b) (c) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e | RIBUTING TO DEATH E IN FOR WHICH OPERA JURY MONTH DAY YEA INJURY FACTORY, OFFICE, FARM, ETC.) | TION WAS PERFORMED 21t. HOW INJURY OCCUR AR 9 211 LOCATION 5 TREET , 19 6 , and that in (my) (our) opinion DEGREE | 206 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOV death occurred on the do | 206. IF YES, WERE FINDING CAUSES YES YES YES YES YES YES YES Y | that |
| | gove rise to immedio couse (a), stating the underlying couse lost underlying couse lost lost lost lost lost lost lost lost | ch (b) (b) (c) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e | RIBUTING TO DEATH E IN FOR WHICH OPERA JURY MONTH DAY YEA INJURY FACTORY, OFFICE, FARM, ETC.) | TION WAS PERFORMED 21t. HOW INJURY OCCUR AR 9 211 LOCATION 5 TREET , 19 6 , and that in (my) (our) opinion DEGREE | 206 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOV death occurred on the do | 206. IF YES, WERE FINDING CAUSES YES YES YES YES YES YES YES Y | tha |
| | gove rise to immedio couse (a), stating the underlying couse lost underlying couse lost lost lost lost lost lost lost lost | ch (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d | RIBUTING TO DEATH E IN FOR WHICH OPERA JURY MONTH DAY YEA INJURY FACTORY, OFFICE, FARM, ETC.) | TION WAS PERFORMED 21t. HOW INJURY OCCUR AR 9 211 LOCATION 5 TREET , 19 6 , and that in (my) (our) opinion DEGREE | 206 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOV | 206. IF YES, WERE FINDING CAUSES YES YES YES YES YES YES YES Y | NGS S OF |
| | gove rise to immedio couse (a), stating the underlying couse last underlying couse last underlying couse last last last last last last last last | ch (b) | RIBUTING TO DEATH E IN FOR WHICH OPERA JURY MONTH DAY YEA INJURY FACTORY, OFFICE, FARM, ETC.) | TION WAS PERFORMED 21t. HOW INJURY OCCUR AR 9 211 LOCATION STREET , 19 6 , and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS | 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOV death accurred on the do MEDICAL STAF DIRECTOR PHYSIC | 20b. IF YES, WERE FINDING CAUSES YES YIN ITEM IB PART I OR PART 2) WO COUNTY The and haur and from the | that |
| MPORTANT If them 21 is morked or them. | gove rise to immedio couse (a), stating the underlying couse last underlying couse last underlying couse last last last last last last last last | Ch (b) | RIBUTING TO DEATH E IN FOR WHICH OPERAT JURY MONTH DAY YEA INJURY FACTORY, OFFICE, FARM, ETC.) eccessed from 20 21 22 22 24 24 26 27 26 27 26 27 27 28 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20 | TION WAS PERFORMED 21t. HOW INJURY OCCUR AR 19 21I LOCATION STREET , 19 6 , and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS 900 SETON DR | 206 AUTOPSY? YES NO NOTE: RED (ENTERNATURE OF INJUR CITY OR TOV death accurred on the do MEDICAL STAF DIRECTOR PHYSIC | 20b. IF YES, WERE FINDING CAUSES YES YIN ITEM IB PART I OR PART 2) WO COUNTY The and haur and from the | that |
| MPORTANT if them 21 is morked or them: | gove rise to immedio couse (a), stating the underlying couse last underlying couse last underlying couse last last last last last last last last | Ch (b) | RIBUTING TO DEATH E ON FOR WHICH OPERAT JURY MONTH DAY YEA INJURY FACTORY, OFFICE, FARM, ETC.) Per death. | TION WAS PERFORMED 21t. HOW INJURY OCCUR AR 9 211 LOCATION STREET , 19 6 , and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS | 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOV death accurred on the do MEDICAL STAF DIRECTOR PHYSIC | 20b. IF YES, WERE FINDING CAUSES YES YIN ISEM IB PART I OR PART 2) WO COUNTY The and haur and from the FIAN 22c. Date AND, MD 2150 | that |

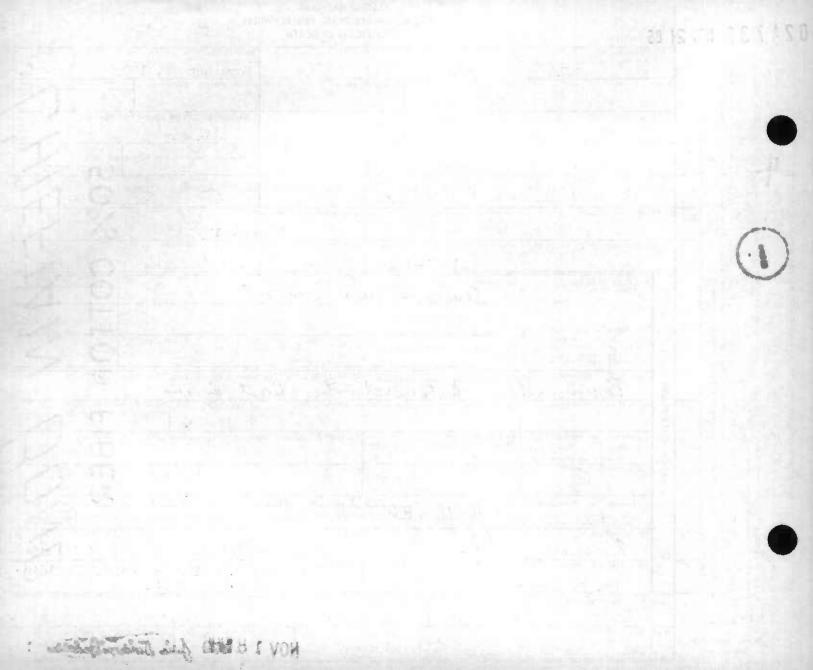


| 2381 | 0 11 | | | FOR | | DEPART | | OF MARYLAND EALTH AND MENTAL HYC | SIENE 15 O | 3 0 4 | 0 3 |
|--|---|-------------------|---------------|--|-------------------------|---|----------------|------------------------------------|-------------------------------|--|---|
| 2301 | 9 NO | JA 1 | 3,8 | STATE PREGISTRAR | | | | ICATE OF DEATH | REG. NO | J. | |
| | | | | CEASED NAME FIRST | | WIDDLE | l | AST | 20. DATE OF DEATH | MONTH DAY YEAR | 2b. HOUR |
| 9 | ors ofter death | | | WILL | [AM | LESTER | RIC | E SR. | NOVEMBER 9 | 1986 | 4:30 Am |
| E | frer o | K | 3. SE | | 4. RACE | יבי | 5. DATE C | | 6. AGE (IN YEARS LAST BIRTH | HDAY) IF UNDER 1 YEAR | |
| Poge | ors o | | | MALE | WHIT | | DECEN | | 71 | YRS. | |
| ÷ | 2 ho | 2 | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN C | F WHAT COUNTRY | ? 8. MARRIE | NEVER MARRIED | 9. BALTIMORE CITY OR | COUNTY OF DEATH | |
| dear | The Property | | 10.6 | MARYLAIVD | USA | | WIDOWE | D DNORCED DROTHER INSTITUTION | ALLEGANY | Tion visits | MD. OF BUSINESS OR |
| ol s ofter | by the | | Cl | MBERLAND | RFD#* "9 | FATRVIEW | ROAD= | | RETIRED OR | | |
| MARYLAND 2120 MARYLAND 2120 | led in td be f | | | | | | | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | 2/5 | 02 |
| LAN Jin 2 | Sh fi | E | | RYLAND AI | LEGANY | CUMBERLA | ND | YES NO X | RFD# 9 FAIR | RVIEW ROAD- | IRONS MT. |
| With with | on a polete | | 14. 17 | FIRST | MIDDLE | LAST | | FIRST | MIDDLE | | LAST |
| | 0 | 0 1 | 16a \ | GROVER CI | EVELAND ARMED FORCES | RICE | URITY NO. | CORNELIA 17. INFORMANT | BELLE | TWIGG | |
| BALTIMORE, | ond | medico / | | | S, GIVE WAR OR DATES | | | ANNIE RICE RE | ED# O EATDVIL | CIT DID CITME | AND MO |
| e be | ers. F | au l | | 18. CAUSE OF DEATH (Ent | | | | WINTE VICE VI | DI 3 PAIRVII | | DERLAND MD DERMATE INTERVAL N ONSET AND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death certi- ottending physician. | t Then please ra | y injury, or othe | TION | | nt CONDITIONS | | DEATH BUT | NOT RELATED TO THE TERM | | | |
| A REC | hos | 2 | CERTIFICATION | 19a. DATE OF OPERATION | 196 CON | ADITION FOR WHIC | H OPERATIO | N WAS PERFORMED | 200 AUTOPSY? YES □ NOVEY | 20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES | ES OF DEATH? |
| F VIT | s certificate buriol-transit Mental Hygic | 9 | | 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE | F DEATH HOUR | OF INJURY A.M. MONTH [| | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY | IN ITEM 18 PART I OR PART 2) | |
| IVISION C | - | morked or ne | MEDICAL | (IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLAC | P.M. CE OF INJURY STREET, FACTORY, OFFICE | FARM, ETC) | 211. LOCATION STREET | CITY OR TOW | VN COUNTY | STATE |
| | | S S | | 220.1 certify that (I) (this | ospital) attended | | -91 | 9 , 19 8 | . to (17/2) | 19 56 | , that (1) (we) lost |
| ATTEND | م فور | 171 | | sow the deceased ali phove, (1) (we) (did)/d | d not view the bo | dy ofter death. | 26,01 | nd that in (my) (aur) opinion | death occurred on the dat | e and hour and from th | ne couses stated |
| AL OR A | AL DIRECTOR | I: If frem | (| 126 SIGNATURE | tel | 4 | | DEGREE ATTENDING PHYSICIAN [| MEDICAL STAFF | | ID/86 |
| HOSPIT | NER be o | ZY T | | 22d. PHYSICIAN'S NAME (| | | | 22e. ADDRESS | | 1 | |
| | TO FUNERAL Eshould be deta | 2 | | Thaddeus H | . Elder | MD PA | 777 | 500 Memori | al Ave Suite | e 202 Cumb | erland,Md |
| Te o | F to 3 3 | <u><</u> / | 23a. I | SPECIFY) | VAL 236. DATE | 23 c. | NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY | STATE |
| BF | | | | BURIAL | NOA J | 2 1986 MI | PLEA | SANT CEMETERY | | ALLEGANY M | ARYLAND |
| DHMH . | - 16 50M 4/ | B2 | 24 F | JNERAL DIRECTOR | | ADDRESS | | LAIN | TE REC'D. BY REGISTRAR 2 | sh registrar's signa | ATURE |
| (VI | RA 15, 4) | | | SILCOX-MER | RITT FUN | ERAL HOME | CUMBE | RIAND MD. INU | 1 4 1300 | Daniel Daniel | Lucence |

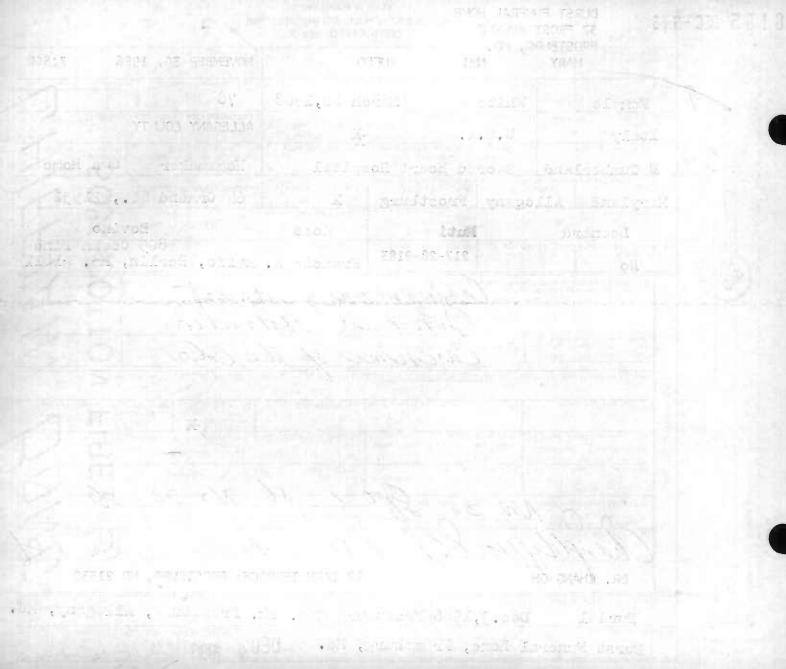
| 4 | 1. | FOR STATE | | | DEPART | MENT OF H | EALTH AND MENTAL H ICATE OF DEATH | IYGIENE 8 | 0 3 | 0 2 | 6 1 |
|--|---------------|---|--------------------------------|------------------------|--|------------|--------------------------------------|-------------------|-------------------------------------|-----------------|---------------------|
| 0257621 | FO. | REGISTRAR | FIRST | | MIDDLE | | AST | 20. DATE OF D | REG. NO. | DAY YEAR | 26 HOUR |
| 1 75 1 | ITTE | CEAL DAME | | /s) . | | | | | | | |
| to do to | 1.98 | Ko | bert | 1. RACE | ren | Ritt | | | r 24, 198 | IF UNDER 1 YEAR | 10:20P N |
| + 65 | W. | 0.0 | DE L | White | | MONTE | | 59 | | MONTHS: DAYS | HOURS MIN. |
| 10 Page 101 | 7a B | RTHPLACE (STATE ORF | OREIGN | | WHAT COUNTRY? | 8 | | 9 BAITIMOR | YRS. CITY OR COUNTY | OF DEATH | |
| 1 15 55 | 100 | ruland | 8 | U.S.A. | | MARRIE | DIVORCED | Allec | - | | 144 |
| 317 | | ITY OR TOWN OF DEA | TH | 11. NAME OF | HOSPITAL, NURSIN | IG HOME C | OR OTHER INSTITUTION | 120 USUAL O | CCUPATION | | OF BUSINESS OF |
| to 1000 | -45 | umberland | | 513 F | atterson | Avenu | ie | | or most of working lift ruction- | | & Sons |
| 1 11 10 | USU | AL RESIDENCE (IF NURS | 136 COUN | OTHER INSTITUTION | GIVE RESIDENCE BEFOR | ADMISSION) | 13d. INSIDE CITY LIMITS | 113e STREET AL | DRESS / ZIP CODE | - | |
| 6 1 20 | Mo | ryland | Alle | | Cumberla | | YES 🛛 NO 🗌 | 513 F | atterson | | / 21502 |
| 重報 利用 | 14. F | THER'S NAME | | MIDDLE | LAST | | 15 MOTHER'S MAIDEN | NAME | MIDDLE | _ LA | AST |
| P 65/201 | | Robert | | fred | Ritter | | Clara | N | lay | Gree | en |
| 1 1/4/ | | WAS DECEASED EVER YES, NO OR UNKNOWN) | I IF YES, GIVE | WAR OR DATES | 16b. SOCIAL SECU | | 17 INFORMANT | | ADDRESS | . 412 | , |
| 4 (5 E X | | Yes | w.w. | | 216-22- | | Theresa Rit | ter-Adare | ss same a | | |
| 10 100 | | PART I. DEATH W | H (Enter and AS CAUSED | y ane cause pe DBY: | r line or (a), (b), on | d (c).) | Per him An | · Augo | A | BETWEEN | XIMATE INTERVAL |
| 00 × 1 | | - | IMMEDIATI | E CAUSE (o) | Coras | C - 10 | ES IN TWIN | 1,00 | , | | |
| soth thend | | Conditions, if ony, | udiah | DUE TO, C | R AS ACONSEQU | in U | d'Colon | Con | | | |
| 0 0000 | | gove rise to imm | nediate | (b) | R AS A CONSEQU | | CO COVI | | | | - 11 |
| the Contract of the contract o | | underlying couse | | (6) | K AS A CONSEQU | ENCE OF | | | | | |
| plines beginning beginning beginning | z | PART 2 OTHER SIGN | NIFICANT C | ONDITIONS C | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TE | ERMINAL DISEASE | OR CONDITION GIV | EN IN PART I | 10 |
| 1000 | CERTIFICATION | 19a DATE OF OPERAT | ION | 19b. COND | DITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOP | SY? 20b. IF YE | S, WERE FINDI | INGS USED |
| 2 2 2 2 2 2 | F | | | | | | | YES 🗀 | | FYING CAUSES | S OF DEATH? |
| T S S S S S S S S S S S S S S S S S S S | CER | 210. ACCIDENT WAS UND | | 216. TIME C | | AV VEAR | 21c. HOW INJURY OCC | - Lange | 74-6-0 | | |
| To be | 14 | OR CONTRIBUTING C | | | .M. MONTH D. | 19 | | | | | |
| A MARIA | MEDICAL | 21d. INJURY OCCURE | | | OF INJURY REET, FACTORY, OFFICE, I | ARM FIC) | 21f LOCATION STREET | | CITY OR TOWN | COUNTY | STATE |
| 04 14 6 6 | 2 | AT WORK NOT WH | RK | | activities on the contraction of | | | | * | | |
| A SOLD IN | | 22a 1 certify that (1) | | | he deceased from_ | G | , 19 | | | | , that (It (we) los |
| ATTE CO STATE | | sow the decease obove, (1) (we) (c | ed olive on a lid) (did not |) view the bady | after death. | ` . | nd that in (my) (our) opini | an deoth accurred | on the date and hav | | 1 1 |
| DIRE DIRE | | 22b. SIGNATURE | -8 | tus | | , | DEGREE ATTENDING | MEDICAL | STAFF | 22c. DATE | SIGNED |
| A September 1 | 1 | 22d. PHYSICIAN'S NA | - () | _ | | | | DIRECTOR | | 11/ | 23/80 |
| HOSPI HOSPI SITTED BY SOUR BY HOSPI HOSPI | | | 1100 | | | | | | | | |
| D | 22 | Qamar U. | | | Lac | LAME OF T | Meml. Hosp. | | | iland, | Md. 2150 |
| DD. | 230. | BURIAL, CREMATION, ISPECIFYL BURLAL | REMOVAL | 23b. DATE 11-28 | | | emetery or cremator un Meml.Gara | CITY OF | | llegany | MÖ |
| br | | UNERAL DIRECTORGO | O CO Proce | | | | | | | | |
| OHMH - 16 50M 4/83 (VRA 15, 4) | | | | | | | | EC 1 19 | 86 Julia | Dunder - | Rudally |
| (3.0.10) | 1 | 02 Greene : | sireer | L-cumpe | rcana. Mi | 215 | 02 | - 10 | 00 | | |

125763 5-385 Trade Reporter tours

| | | | | | STAT | E OF MARYLAND | | tone = 29 | 2 1 |
|---|----------------|---------------|--|---|-----------------------|-------------------------------|---------------------------------------|---------------------|--|
| 20 11 | טער מ | lo | FOR STATE | DEP | | IEALTH AND MENTAL HYG | SIENE & O | 302 | . / 1 |
| 39 NO | 14 6 | | REGISTRAR | Salahing Manager | CERTI | | REG. NO. | | District Co. |
| - | | | CEASED NAME FIRST | MIDDLE | | AST | 20. DATE OF DEATH | ONTH DAY YEAR | 26 HOUR |
| er deoth | | | LULA | BELL | ROB | | November 11 | | 1:58 P.M |
| after | | 3. SE | | 4 RACE | | OF BIRTH | 6. AGE (IN YEARS LAST BIRTHE | MONTHS DAY | |
| | | | female | white | | 7-14-1902 YEAR | 84 | YRS | |
| - | 75 | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUN | ITRY? 8 MARRIE | D NEVER MARRIED | 9. BALTIMORE CITY OR | COUNTY OF DEATH | |
| 1 | V | | PA | USA | WIDOW | DIVORCED [| Allegany | | MD |
| 1 | - | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NI | | OR OTHER INSTITUTION | 12a. USUAL OCCUPATION | | D OF BUSINESS OR |
| | | 1 | Cumberland | Memorial | Hospita. | 1 | housewife | | wn home |
| | 2 | 13a. S | AL RESIDENCE (IF NURSING HOME OF TATE 136 COU | ROTHER INSTITUTION GIVE RESIDENCE NTY 136. CITY OR LEGANY CUM | BEFORE ADMISSION TOWN | 13d. INSIDE CITY LIMITS? | 13e.STREET_ADDRESS_/ Z | ZIP CODE | |
| | 0 | | | egany Cuml | berland | YES 📉 NO 🗌 | 13e.STREET ADDRESS / 2 802 Yale | Street/21 | 1502 |
| | 1 | 14. FA | THER'S NAME | MIDDLE LAS | ī | 15. MOTHER'S MAIDEN NA. | MIDDLE | | LAST |
| 1 | | | Daniel W | leicht | | Sar | ah Clingerma | n | |
| - | OJICO I | | VAS DECEASED EVER IN U.S. AF | RMED FORCES? 166 SOCIAL | SECURITY NO. | 17. INFORMANT | ADDRESS | | |
| - | E | | no | | 4-2624 | Mrs. Ada Cro | ss, Cumberla | nd, MD - c | daughter |
| | event, me | | 18 CAUSE OF DEATH (Enter o | nly one couse per line for (p), (| b), and (c).) | 1 | 1 | APPR | ROXIMATE INTERVAL |
| ne prior to | any inlany, or | CERTIFICATION | PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT | 7 1 + | eviose | levotic He | LE CONTRACTOR AUTOPSY? | | DINGS USED |
| Mentol Hygie | | CERT | 21a. ACCIDENT WAS UNDERLYING | | | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY | | |
| | 9 | | OR CONTRIBUTING CAUSE OF DE | | DAY YEAR | | | | |
| DI LI | / | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY | | 211 LOCATION | | | |
| 7 | Dax | ¥ | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY, O | FFICE, FARM, ETC) | STREET | CITY OR TOWN | COUNTY | STATE |
| - | DE . | | 22a. certify that (I) (this hasp | ital) attended the deceased f | rom | 10 - 22-1986 | | 11 1986 | , that (I) (we) lost |
| | \$1.15 | н | sow the deceased alive or | 11 11 | 777 | nd that in (my) (our) opinion | deoth occurred on the dote | ond hour and from t | _, , ,, |
| La | E | | 22b. SIGNATURE | of view the body after deoth. | | DEGREE | | 22c. DA | ATE SIGNED |
| 1 | - | | 1 James. | | | ATTENDING PHYSICIAN D | MEDICAL STAFF | ND 11 | -11-86 |
| TIA TOO DE LA TIE | 2 | 14 | 224 PHYSICIAN'S NAME (TYPE | OR PRINT) | | 100 | ial Hospital | | |
| 0 | 5 | | Dr. R. Bar | roro | | | rland, MD 215 | | . Duriuing |
| | + | 23a F | LIPIAL CREMATION DEMOVAL | | 23c NAME OF | CEMETERY OR CREMATORY | 23d LOCATION | | |
| | | | Burial | 11-14-1986 | | ew Cemetery | CITY OR TOWN | COUNTY | STATE |
| | | 24 FI | JNERAL DIRECTOR | 111 14-1700 | I GII VI | | Englesmi TE REC'D. BY REGISTRAR 25 | | PA |
| 60M 7 | 7/B4 | | NAME | 11; Cumbani | RESS MD O | 4.044 | 1 8 1966 /13 | Richard | Page. |
| 15, 4) | | | James F. Scarpe | III, cumperlar | 10. MU 2 | 15UZ MUV | A STATE STATE | a Brendshaff | The same of the sa |



| depth depth | | CEASED NAME FROSTBUIL | NMI NMI | RUFI | =O | NOVEMBER 3 | 0, 1986 YEAR | 7:50P |
|---|----------------|---|---|--|--------------------------------------|---|---|------------------------|
| 1 | 3(5) | | 4. RACE | 5. DATE O | ch 22,1908 | 6. AGE (IN YEARS LAST BIRT | MONTHS DAYS | HOURS MIN |
| 5 8 10 | | Female RTHPLACE (STATE OR FOREIGN | White The CITIZEN OF WHAT CO | DUNTRY? 8. | | | YRS R COUNTY OF DEATH OUNTY | |
| nn 72 nn 72 ot ond | | Italy | U.S.A. | WIDOW | D NEVER MARRIED DIVORCED | ALLEGANY C | COUNTY | ٨ |
| The fee | | YORTOWNOFDEATH Cumberland | 11. NAME OF HOSPITAL | Heart Ho | | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMANAK | WORKING LIFE) INDUSTRY | Home |
| filled in b | USU. 13a. S | AL RESIDENCE (IF NURSING HOME O STATE 13b. COU | NOTHER INSTITUTION, GIVE RESIDE | ence Before admission) OR TOWN ostburg | 13d. INSIDE CITY LIMITS? YES X NO | 13e.STREET ADDRESS / | zip copt ., 21 | |
| Con Carely | 14. FA | THER'S NAME FIRST Loonard | Mut: | LAST | Rose | AME | Bovino | 51 |
| S S S S S S S S S S S S S S S S S S S | | VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI | RMED FORCES? 166 SOC 217 | -28-9183 | Francis A | Ruffo, B | ss805 Ocean erlin, Md. | |
| been signed by the c mit. Then please remo prior to burial, cremal any injury, ar other tr | CATION | gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION | | COMMISTING TO DEATH BUT | NOT RELATED TO THE TER | MINAL DISEASE OR CONE | 20b. IF YES, WERE FIND! | NGS USED |
| cate has ansit per Hygiene 8 shows | CERTIFICATION | 21a. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | | 21c. HOW INJURY OCCU | YES NO | IN CERTIFYING CAUSES YES YES YES 18 PART 1 OR PART 2) | NO [|
| After this certificate on the particular se as the burial-treath and Mentall marked or Item 1 | MEDICAL | OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTWHILE NOT WHILE AT WORK NORK 1 WORK 22a.1 certify that (I) (this hasp | P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR | RY RY, OFFICE, FARM, ETC.) | 211. LOCATION STREET | CITY OR TO | 20 1986 | STATE that (1) (we) la |
| E 2 2 7 .5 | | saw the deceased glive a abave (1) (we) (did (did n | it view the body after deta | | nd that in (my) (aur) opiniar DEGREE | death accurred on the do | | SIGNED |



| TIPE | | 1 | | | UNERAL H | HOME | STATI | OF MARYLAND | TIPLE TA | ~ ~ | | 1 5 |
|--|--|---------------|---|--------------------------------|---|----------|--------------------|--|--|--------------------------|-------------|--------------------|
| 024 | 467 NOV | 9 | GSTATE 108 VI | IRGINI BERLAN | A AVE. D, MD. 2 | 2150 | 2CERTIF | EALTH AND MENTAL HYG ICATE OF DEATH | REG. NO | o. | 64 | |
| | m ξ | | ECEASED NAME | FIRST | WIDDLE | 511 | | AST A MED | | MONTH DAY | | 2b. HOUR |
| 3 | page 3 | 2.6 | ELEA | | Κ. | RU | PPENI 5. DATE C | | 6. AGE (IN YEARS LAST BIR | 11 07 | 86 | 12:5,5 |
| | offer. | 3. S | female | 4. RA | white | | | -08-1925 YEAR | 61 | MONIE | S DAYS | HOURS MIN. |
| | direct direct | 70 | DIDTHDI ACE | FIGN. 25 CE | TIZEN OF WHAT CO | LINITRY? | 8 | -00-1920 | 9 BALTIMORE CITY O | YRS P COUNTY OF E | DEATH | |
| 0 | nerol nerol | | COUNTRY | | USA | 28 | WIDOWE | | ALLEGA | NY | | MD. |
| 5 | by the f | 10. | Cumber1 | | CRED HE | | | ITAL | 120. USUAL OCCUPATI TYPE OF WORK FOR MOST O TOTMET EMP | | NDUSTRY | ndry |
| AND 212 | illed in mold be moved by moved be moved by move | 13a | STATE MD | Allegar | 13c. CITY | OR TOWN | N. | 138 INSIDE CITY LIMITS? | 13. STREET_ADDRESS / Race | Street, | /2150 | 2 |
| MARYL | W Did | 14_ | ATHER'S NAME | Math | ias Rupper | nkamp | | 15. MOTHER'S MAIDEN NA | ora M. Selle | ers | LAST | |
| BALTIMORE, MARYLAND 21 | Pog medicol | 160 | WAS DECEASED EVER IN (YES, NO OR UNKNOWN) | U.S. ARMED F | OR DATES! | 1472 | | Mr. Robert W. | ADDRE Ruppenkamp | | rland | , MD -sor |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST | in the definition of the property of the prope | CERTIFICATION | Canditians, if any, v gave rise ta imme- cause (a), stating underlying cause | which diate the last. | DUE TO, OR AS A CO | ONSEQUE | NCE OF | NOT RELATED TO THE TERM | NINAL DISEASE OR CON | DITION GIVEN IN | RE FINDIN | IGS USED |
| ITAL | icip icip sho sst | | 71a. ACCIDENT WAS UNDER | LYING 2 | 16. TIME OF INJURY | | | 21c. HOW INJURY OCCUR | YES NO | YES RY IN ITEM IS PART I | OR PART 2) | NO 🗆 |
| OF V | phys phys ol-tro itol Hy | | OR CONTRIBUTING CAL | DOE OF DEATH | HOUR A.M. MOI P.M. | VTH DA | Y YEAR | | | | | |
| NOISIN | After this ce as the burnith and Men | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 2 | 1e, PLACE OF INJUR AT HOME, STREET, FACTOR | | | 211. LOCATION STREET | CITY OR TO | wn | COUNTY | STATE |
| 0 | S mai | | 22a.1 certify that (1) (t | his haspital) at | ttended the decease | ed fram_ | WW | 1986 | 2 to Masi | , 19_ | 86,1 | that (I) (we) last |
| | CTOR CTOR I for a 21 i | | saw the deceased abave, (I) (we) (did | alive an_ l) (did nat) view | v the body after dea | 19 | , ar | nd that in (my) (aur) apinian | death accurred an the de | ote and have and | fram the c | auses stated |
| | At DIRECTOR AT DIRECTOR DIRECT | | 226. SIGNATURE | mil | el d | n | an | DEGREE ATTENDING PHYSICIAN [| MEDICAL STAI | | 22c. DAJE S | o/86 |
| C | retained by the TO FUNERAL should be detained by the State with the State | | DR. SUS | - " | | | | FROSTBURG | PLAZA FRO | STBURG | , MD | . 21532 |
| Ç | BP | 23a | BURIAL, CREMATION, RE (SPECIFY) Burial | | DATE 11–10–1986 | | | ys Cemetery | Cumber Tan | d Alleg | jany | MD STATE |
| D | HMH - 16 60M 7/84 (VRA 15, 4) | 24 | James F. Sc | arpelli | i, Cumber] | land, | MD 2 | 1502 1500 | V 1 3 1986 | A RECURSION | SIGN | AR. |

NOV 1 3 1985 Julia School Property

| | | CASED NAME FIRST | | MIDDLE | U | AST | 20. DATE OF DEATH | MONTH DAY | YEAR 21 | HOUR |
|--|-----------------------|---|---|--|------------------------|--|--|--|--|--------------------|
| 2 20 | 1 | PAL | JLINE | K. S | CHMID' | T. | NOVEMBER | 11,1986 | 7 | 7:30 |
| 1 1 | 1.58 | | 4 RACE | | S. DATE C | | 6. AGE (IN YEARS LAST BIR | THDAY) IF UND | | UNDER 2 |
| 8 15 | | emale | White | | | 15, 1919 PAR | 66 | YRS. | | |
| 1 P P | 4 | RTHPLACE (STATE OR FOREIGN | 1 | WHAT COUNTRY? | MARRIE | NEVER MARRIED | 9. BALTIMORE CITY O | | EATH | |
| 8 33 90 | all to | iaryland | USA | HOSDITAL NILIDSIN | WIDOWE | D DIVORCED DIVORCED | ALLEGAN | Y COUNTY | KIND OF B | I IC IA IE |
| 神 神 神 | 20 | Cumberland | (IF NOT IN SU SA | CRED HEAR | T HOSE | | type of work for most of Homemaker | F WORKING LIFE) IN | oustry Own Ho | |
| the state of | 13a. S | AL RESIDENCE (IF NURSING HOW | E OR OTHER INSTITUTION | 13c. CITY OR TOW | E ADMISSION) | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS | ZIP CODE | | |
| 2 100 | | 2 | rrett | Oakland | | YES NO X | Star Rt. | 1 215 | 550 | |
| 1 12 1/ | AIL D | ATHER'S NAME FIRST | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | ME | | LAST | |
| par /il | 4 | | allace | Kimmell | IDITYALO | Nellie | ADDRE | | cdan | |
| 1 15 4/ | 1/1/3 | | GIVE WAR OR DATES) | 166 SOCIAL SECU | | 17. INFORMANT | | | 10 | |
| an 02 and | | 18 CAUSE OF DEATH (Ente | | 216-30- | | Mr. Edward | s. Schmidt . | | APPROXIMA BETWEEN ONS | YE INITED |
| that the case remaind command of command or | | gave rise to immediate cause (a), stating the underlying cause last. | 1 DUE TO. C | DR AS A CONSEQUE | ENCE OF | | | TE-MI | | |
| os been signe cermi. Then pi ne prior to burn es ony injury, o | FICATION | PART 2 OTHER SIGNIFICAL | | | | NOT RELATED TO THE TERM | 200 AUTOPSY? | 20b. IF YES, WER | RE FINDING CAUSES OF | FDEAT |
| i. The law requires nicion are has been signed are has been signed the physical permit. Then physical permit is built by years are prior to built by the physical permit is built by the physical permit in the purior of the puri | ERTIFICATION | | 19b. CONE | DITION FOR WHICH | I OPERATIOI | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WER IN CERTIFYING YES | RE FINDING CAUSES O | FDEAT |
| CIAN. The law requires physician. othysician base signed of frame prior to bare to be to the prior to bare to the prior to bare to bare to be t | AL CERTIFICATION | 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | 19b. CONE 19b. TIME C HOUR A | DITION FOR WHICH DF INJURY M. MONTH DA | OPERATION | | 200 AUTOPSY? | 20b. IF YES, WER IN CERTIFYING YES | RE FINDING CAUSES O | |
| HYSKIAN. The low requires hallog physician. his certificate has been signed buried-strassi germs. Then gi Merstel thygene prior to buri or hem 18 shows any rigury. | 20 | 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 19b. CONE 21b. TIME (HOUR A HOUR A 21e. PLACE | DITION FOR WHICH DF INJURY M. MONTH D. M. OF INJURY | AY YEAR | N WAS PERFORMED 21c. HOW INJURY OCCUR | 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU | 20b. IF YES, WER IN CERTIFYING YES TO RY IN ITEM 18 PART 1 O | RE FINDING CAUSES OF R PART 2) | P DEATH |
| VG PerSiCIAN. The fow requires obtaining physician. The fow requires signed the third beam signed as the beam signed as the beam of the physician prior to burn blacked or them Bapane prior to burn backed or them Bapane prior injury. | MEDICAL CERTIFICATION | 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | 19b. CONE 21b. TIME (HOUR A HOUR A 21e. PLACE | DITION FOR WHICH DE INJURY M. MONTH D | AY YEAR | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WER IN CERTIFYING YES TO RY IN ITEM 18 PART 1 O | RE FINDING CAUSES O | P DEAT |
| R ATENDING PHYSICIAN. The fow requires hospital or attending physician. RECTOR After this certificate has been signed fed for use as the buring-fromity permit, then place of feaths and Mental Hygiene prior to buring the marked as then Regions any vitury or marked as then Regions any vitury. | 20 | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHICKEN, NOTIFY MEDICAL EXAM. | 19b. CONE 19b. TIME (HOUR A INER) 21e. PLACE (AT HOME, S1 | DITION FOR WHICH DF INJURY M. MONTH D. M. OF INJURY RREET, FACTORY, OFFICE, F | AY YEAR 19 FARM, ETC.) | N WAS PERFORMED 21c. HOW INJURY OCCUR | 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO | 20b IF YES, WER IN CERTIFYING YES THE NEW TO THE MERCEN TO THE MERCEN TO THE MERCEN TO THE MERCEN T | REFINDING CAUSES OF RPART 2) | SI (I) (wuses sta |
| PITALOR ATTENDING PHYSICIAN. The low-requires by the hospital or otherding physician. SERALDIRECTOR: After this certificate has been signed or deteched for use of the unid-transit general. Then plants Dept. of Health and Mental Hygene prior to but ANT. If them 21 is marked or them 18 shows any vitury or ANT. | 20 | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this h saw the deceased alive obove, (1) (we) (did) (did | 19b. CONE 19b. TIME (HOUR A INER) 21e. PLACE (AT HOME, SI caspital) attended the | DITION FOR WHICH DF INJURY M. MONTH D. M. OF INJURY RREET, FACTORY, OFFICE, F | AY YEAR 19 FARM, ETC.) | 21c. HOW INJURY OCCUR 21l. LOCATION STREET 19 d that in (my) (aur) apinian DEGREE ATTENDING | 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO | 20b. IF YES, WER IN CERTIFYING YES | DUNTY , the | SI (I) (wuses sta |
| O HOSPITAL OR ATTENDING PHYSICIAN. The low-requires etoined by the hospital or otherding physician. TO FUNERAL DIRECTOR: After this certificate has been signed should be detached for use of the buriof-transit general. Then plant the State Dept. of Health and Mental Hygene prior to buriom the State Dept. or Health and Mental Hygene prior to buriom the State Dept. or marked or them 18 shows any vitury or MPORTANT. If them 21 is marked or them 18 shows any vitury or | MEDICAL | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OI (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED AT WORK NOT WHILE AT WORK 22g. 1 certify that (I) (this his saw the deceased alive above, (I) (we) (did) (did 22b. SIGNATURE 22d. PHYSICIAN 8 NAME (I) | 19b. CONE 19b. CONE 10 DEATH HOUR A HOUR A P 21e. PLACE (AT HOME, S1 an d got) view.Afte body AGONER, M | DITION FOR WHICH DF INJURY M. MONTH D. M. OF INJURY IREET, FACTORY, OFFICE, F y after death. | AY YEAR 19 FARM, ETC.) | 21c. HOW INJURY OCCUR 21l. LOCATION STREET , 19 d that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN [22c. ADDRESS | 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO death accurred on the do | 20b. IF YES, WER IN CERTIFYING YES RY IN ITEM 18 PART 1 0 WN CO | DUNIY The from the could be compared by the could be cou | ST (I) (wuses star |

| TANKS SER 10 1986 PARK | Taki | 137 | | | H VIII TO LIE |
|--------------------------------|----------------|---------------------------|--------------|---------------|---------------|
| | 000, 15, 12197 | | Art 1 | e i reg | |
| YEARS VAREELY | | | | 1 Transmiss | |
| THE THE THE THE TANK THE | | | | Tipidicadair | |
| need it. i dison | | bentited | forward. | regime forest | |
| mahring | art (700) | Significant of the second | oght/mit | ecressor | |
| tion man - attace . | The street and | T. HELPIE | | 01 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| VALENT RD. COMBERTAND, NO. 401 | - V-25. | .6.31 | , 23/10/14/2 | | |
| Female delegant for the teach | | | | | |

| 21015 | 1- | FOR STATE REGISTRAR | | | DEPART | | EALTH AND MENTAL HYGI CATE OF DEATH | ENE 6 D | 3 0 | 2 | 1 3 |
|---|---------------|--|----------------------------|----------------------------|--|------------------------|--|---|--|----------------------------|--------------------------|
| 24915 NO | 1. DEC | EASED NAME | FIRST | | MIDDLE | L | ST | 20 DATE OF DEATH | MONTH DAY | YEAR 2 | h HOUR |
| be 3 | TYPE | OR PRINT) | Ann | + | Hast | Sc | chriver | | 11-16-198 | 6 | 10:00P |
| may be page er deat | 3. SEX | | 4. R | ACE | | 5. DATE O | | 6. AGE (IN YEARS LAST BIR | THDAY) IF UND | | F UNDER 24 HRS |
| ctor, | | female | - 10 | white | 9 | 07- | -06-1921 YEAR | 65 | YRS. | DAYS | HOURS MIN. |
| 1135 | | THPLACE (STATE OR FO | REIGN 76. C | USA | WHAT COUNTRY? | 8 MARRIED WIDOWE | NEVER MARRIED D | 9 BALTIMORE CITY O Allega | | ATH | MD. |
| H 00 | 10 CI | Y OR TOWN OF DEAT Cumberland | | (IF NOT IN SUC | HOSPITAL, NURSIN THEACILITY, GIVE STREET Washing | ADDRESS) | rother institution reet | 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Preside | ION 12b. | KIND OF E DUSTRY Dil | BUSINESS OR |
| filled in | 13a. S | L RESIDENCE (IF NURSIN TATE MD | Allega | ER INSTITUTION | 136. CITY OR TOV. | YN . | 13d. INSIDE CITY LIMITS? YES NO | 13e.STREET ADDRESS 23 Wash | / ZIP CODE nington S | treet | /21502 |
| 10/7 | 14. FA | THER'S NAME Willi | Lam Has | st | ŁAST | | 15. MOTHER'S MAIDEN NAM | nche Baer | | LAST | |
| 1 3 1 | | AS DECEASED EVER IN | U.S. ARMED | | 166 SOCIAL SECT | | 17 INFORMANT | ADDR | | | |
| (i Den ! / | | no | | | | | Mrs. Tama Ru: | iz, Columbi | a, MD-da | ughte | r |
| | | 18 CAUSE OF DEATH PART I. DEATH WA | Enter only a | ne cause per | r line far (a), (b), ar | nd (c).) | n | 30.00- | | APPROXIMA BETWEEN ON: | SET AND DEATH |
| 1000 | | 1. | MMEDIATE C | AUSE (a) | CARDIDE | (इडि) | RATURY AI | CKESSI | | | |
| for the olean by the other ass removes a I, cremation, other traum | | Canditians, if any, gave rise to imme cause (a), stating underlying cause | ediate | | RAS A CONSEOU | | CARCINOL | 44 | | | |
| signed hen plo to buric njery, or | N C | PART 2. OTHER SIGNI | FICANT CON | IDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERMI | NAL DISEASE OR CON | IDITION GIVEN IN | PART lia | |
| he for re on permit permit on permit | CERTIFICATION | 190 DATE OF OPERATI | ON | 196 COND | ITION FOR WHICH | OPERATION | N WAS PERFORMED | 200 AUTOPSY? YES NO | 20b. IF YES, WER IN CERTIFYING YES | CAUSES O | S USED F DEATH? NO |
| ACGN. T | | 210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA | USE OF DEATH | | OF INJURY .M. MONTH D .M. | AY YEAR | 21¢ HOW INJURY OCCURR | ED (ENTER NATURE OF INJU | IRY IN ITEM 18 PART 1 OF | PART 2) | |
| of Physics | MEDICAL | 21d INJURY OCCURRE WHILE NOT WHILE AT WORK | εП | 21e. PLACE (AT HOME, ST | OF INJURY REET, FACTORY, OFFICE, | FARM, ETC } | 21f LOCATION STREET | CITY OR TO | OWN CC | YINU | STATE |
| N N N N N N N N N N N N N N N N N N N | | 220.1 certify that (1) (| | attended th | ne deceased fram. | | | , to | | | at (I) (we) last |
| Affin Sold Sold Sold Sold Sold Sold Sold Sold | | saw the deceased above, (I) (we) (di | d alive and) (did nat) vii | ew the bady | after death. | | d that in (my) (aur) opinion d | eath accurred an the d | | | |
| the har the har bleeperoches | - | 276. SIGNATURE | in | W | lunk | - | DEGREE ATTENDING PHYSICIAN | MEDICAL STA | | c. DATE SI | GNED |
| P P N N N N N N N N N N N N N N N N N N | | 27d. PHYSICIAN'S NA | | | | | 22e ADDRESS | | | | |
| TO HOS- retained by TO FUN should ke with the | | Dr. Will | iam W. | Mark | , Jr. MD | | 925 Bishop W | Valsh Drive | , Cumber | land, | MD 2150 |
| | _ | | | 3b. DATE | 73, | NAME OF C | METERY OR CREMATORY | 23d LOCATION | | | |
| 7 5 F 2 2 ₹ | 23a B | URIAL, CREMATION, R | | | | | THE TENT ON CREMATOR! | CITY OR TOWN | AUOS | ITY | STATE |
| BP | (| Burial NERAL DIRECTOR | | 11-20 | | | r Paul Cemeter | Cumber | land Al | iy Legany | v MD |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

to a country of the control of the country of the c

from the contract of the

doct of vitt

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN L DECEASED NAME TYPE OF PRINTS ESTI-IECESSARY, PLEASE JUNERAL DIRECTOR. FOR YOUR FILES. C WITHIN 72 HOURS WITHIN 72 HOURS Ada Elizabeth Davies) Searles DEATH MATED 1 1986 6. AGE (IN YEARS 4. RACE 2d HOUR DATE LAST BIRTHDAY RONOUNCED 5:06A Female White Mar. 17, 1917 69 YRS DEAD 76. CITIZEN OF WHAT COUNTRY 7a BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH Maryland MARRIED NEVER MARRIED USA WIDOWED DIVORCED Allegany County 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY Housewife Cumberland Sacred Heart Hospital -Own Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Allegany 13a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Sunset Drive/21502 Cumberland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Arthur Davies Hilda DeVries 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** above No 215-16-9072 John Duncan Searles same as 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to USED AS A B CERTIFICATION Thyroid goiter INER: THIS CENT.
ICATE, WRITING THE WOLLE.
F FORWARDED TO THE CHIEF MEN
STOR: PAGE 3 SHOULD BE USED AS
TOR: PAGE 3 SHOULD BE USED AS
TOR: STATE DEPARTMENT OF HEAI
TORIO BURIAL, CI 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED TIE PLACE OF INJURY (AT HOME, 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM FTC STREET CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, MARYLAND 22a. I certify that I took charge of the remains described above, held an Accident Suicide Homicide TITLE (SPECIFY) Assistant 11/1/86 SIGNED EXAMINER'S NAME Margarita A. Korell, M. DADDRESS Penn St. 23c. NAME OF CEMETERY OR CREMATORY Nov. 4.1986 Hillcrest Bur. Park Near Cumberland. Alleg. . MD 07/84 BP 25M 24 FUNERAL DIRECTOR **DHMH** - 17 John J. Hafer, Jr. LaVale, MD (VR A15 ME (5))

STATE OF MARYLAND

would be the character of the commence

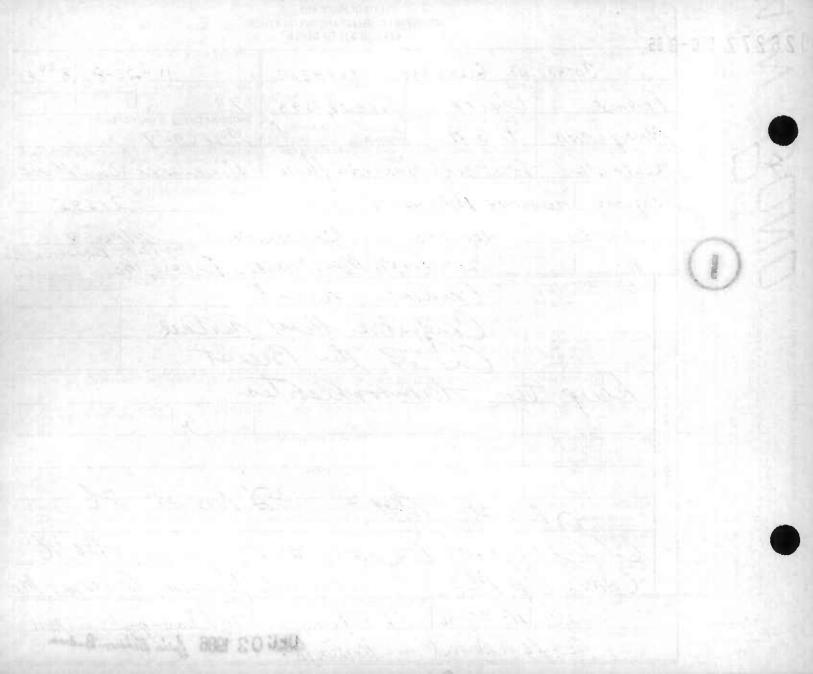
James F. Scarpelli, Cumberland, MD 21502

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

| | | 1 | | | | STATE OF MARYLAND | | - 1 | 10 | 7 18 |
|---|---------------------|---------------|--|----------------------|--|--|-------------------------|--------------------------|-----------------------------|----------------------|
| | | 11 | FOR - STATE | | DEPART | MENT OF HEALTH AND MENTAL HY | GIENE B 5 | 3 | 0 % | 1 0 |
| 12627 | 7 DEC . | | REGISTRAR | | | CERTIFICATE OF DEATH | DEC | NO. | | |
| 12021 | S DEC. | | CEASED NAME FIRST | | MIDDLE | LAST | 20. DATE OF DEATH | | Y YEAR I | 2b HOUR |
| 9 | 60 L | (TY | E OR PRINTI | 1416 | C | | | 4.1 | - 0 | 50 |
| , A | page 3 | | CATHER | | GENEVIEU | | | 11-2 | 5-86 | 8 AM |
| Ĕ | Fe. D | 3. S | × | 4 RACE | , . | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST | | UNDER I YEAR | IF UNDER 24 HRS |
| 96 | 5 0 | 1 | FMALE | 11/1 | YITE | JUNE 24 1893 | 93 | YRS | VIRS DATS | HOURS MIN. |
| Po | 50 DI | 70 | IRTHPLACE (STATE OR FOREIGN | 7b. CITIZEN | OF WHAT COUNTRY? | R | O DALTIMORE CIT | | EDEATH | |
| 重 | 26 35 | | SOUNTRY] | 11 | CA | MARRIED NEVER MARRIED | 2 | <u> </u> | | |
| deo | 51 0 | 1/1 | MAYLAND | 0 | · > /T · | WIDOWED DIVORCED | | ANY | | MD. |
| 0 ž | 11 001 | 10.0 | TITY OR TOWN OF DEATH | III. NAMI | E OF HOSPITAL, NURSIN IN SUCH FACILITY, GIVE STREET | NG HOME OR OTHER INSTITUTION | | ATION STOF WORKING LIFE) | 12b. KIND OF INDUSTRY | F BUSINESS OR |
| 92 | 20 10 | 11/ | POSTBURG | FPA | STBURG N | URSING HOME | 1/ | YAKEK | Own | Hour |
| 200 | 5 2 | U50 | AL RESIDENCE (IF NURSING HOME OR | OTHER INSTIT | UTION, GIVE RESIDENCE BEFOR | | 1 17 6/7/2/ | MICH | CON | er crire |
| D 4 | BE 35 | 130 | STATE 136 COUN | VTY | 13c. CITY OR TOW | | 13e.STREET ADDRES | S / ZIP CODE | 0 - | |
| A c | -1 | 11/1 | | EGAN | Y 171.54 | VAGE YES NO [| | | 2154 | 15 |
| RY1 | 10/11/ | VIA. F | ATHER'S NAME FIRST | WIDDIE | - LAST | 15 MOTHER'S MAIDEN N | AME MIDDLE | | | |
| WA Pa | 1016 | 1 | TAMES | | STEPHENCE | CATHE | minle | M | ALL INST | V |
| Ä, | | 160 | WAS DECEASED EVER IN U.S. AR | MED FORC | ES? 166. SOCIAL SECU | JRITY NO. 17 INFORMANT | ADI | DRESS 12 3 | - 01 | - |
| BALTIMORE, | 0 0 0 0 V | | (YES, NO OR INKNOWN) (IF YES, GIV | E WAR OR DA | | 11270 Marita | - 1 | 1126 | 5 DRA | DROCK OU |
| be be | 6 8 8 8 | | 100 | | 2/8-39- | 7318 VIARY 111KI | RELL LAV | ALE M | 0. | |
| BAI | 1 | | 18 CAUSE OF DEATH (Enter on | ly one caus | se per lipe for (a), (b) an | d (c).) | 1 | | BETWEEN | MATE INTERVAL |
| T, | Had was | | PART I. DEATH WAS CAUSE | ED BY: TE CAUSE (| (andi | nc airla | 1 | | | |
| S Z | E 8 + 8 | | IMMEDIA | | | | | | | |
| PRESTON he death of | n, o | | | DUE T | O, OR AS & CONSEQU | ENCE OF IN ATOMAN | + Acil | , , 0 | | |
| de Ge | atta otio rau | | Conditions, if any, which gave rise to immediate | 1 | b) Congre | 29/02 -1/6/04 | - Marke | n | | |
| the | the em | | couse (a), stating the | DUET | O. ORAJACON SEOU | ENCE OF / |). | - | | |
| S 5 | 1000 | 1 | underlying cause last. | 1 | 1 x1 0 | if the 1) | reasy | | | |
| 20 | 2855 | | PART 2 OTHER SIGNIFICANT O | CONDITION | NS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE | THE ASE OF CO | DAIDITION CRIEN | LINIDADT | |
| DS, | 2 1 2 E | Z | A peap - | Maria | Than | 2.1-1 | AL DISLASE OR CO | MUITON GIVEN | MINITARI IIG | |
| Ö | 1000 | CERTIFICATION | 19g DATE OF OPERATION | 100 | 100a | ACCOUNT TO THE POST OF THE POS | Tar Turnana | Tool Invito | | |
| REC | 9500 |) 5 | THE DATE OF OPERATION | 190 0 | UNDITION FOR WHICH | OPERATION WAS PERFORMED | 20s AUTOPSYT | IN CERTIFYI | WERE FINDING NG CAUSES (| GS USED OF DEATH? |
| Al Al | 2016 | J E | | | | | YES [] NO[| YES | | NO 🗌 |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requireding physician. | 557 9 | I | 210. ACCIDENT WAS UNDERLYING | | ME OF INJURY | 21c HOW INJURY OCCU | RRED (ENTER NATURE OF | JURY IN ITEM 18 PART | I OR PART 2) | |
| P OF | 141 9 | ¥ | OR CONTRIBUTING CAUSE OF DEA | 4111 | R A.M. MONTH D. | | | | | |
| NO SER | 1 1 M 1 / | MEDIC | (IF EITHER, NOTIFY MEDICAL EXAMINER | | P.M. ACE OF INJURY | 19 211 LOCATION | | | | |
| ISIO HA | 生まで 万 | W. | WHILE NOT WHILE | | ME, STREET, FACTORY, OFFICE, F | | CITY OF | TOWN | COUNTY | STATE |
| > 5 5 8 | 1000 | | AT WORK AT WORK | | | 1 | XI | 31- | 01 | |
| 9.0 | A A D E | | 220.1 certify that (I) (this hospi | Al) attend | ed the deceased fra | 190 | E 10/VOV | 19 | J (), 11 | hat (I) (we) last |
| 200 | 2552 | | saw the decoup alive on | VOV | 75 181 | , and that in (my) (our) apinia | n death occurred on the | date and haur a | nd from the cr | auses stated |
| 4 8 | 22 To 15 | | abave, (1) (we) (did) (did na 22b. SIGNATUR) | t) view the | body after death. | DEGREE | | | 22c DATES | |
| 0 2 | a fat | | 10 6 and | 111. | 1110 X | ATTENDING | MEDICAL S | TAFF | 1/2/ | MA |
| 4 5 | 395 E- | - | (Mary) | AL | MUNI | PHYSICIAN | DIRECTOR PHY | SICIAN | 1/20 | 100 |
| 0.0 | FUNES A | | 22d. PHYSICIAN'S MAMP (TYPE O | RPRINK | 111 | 22e ADDRESS | R/ | | - | 0 |
| 7.1 | ould b | | CHANG C | IH. | 11, D. | PROSTBUR | 1 HOSPI | TAL /E | OSTEL | Mr Mr |
| 5.4 | 5313 | 230 | BURIAL, CREMATION, REMOVAL | 23b. DAT | F 122. s | NAME OF CEMETERY OR CREMATORY | | 1 | | 100/10 |
| | | 1.00 | | 130. UA | 7771 | CHEMETERT OR CREMATORY | CITY CON LONG | 1. 4 | CUMITY | MAIK # |
| BP. | | | (SPECIFY) Burge | 11- | 1-86 | II Jalvieko | mts | avade | | md. |
| DHMH | - 16 60M 7/84 | 24 F | UNERAL DIRECTOR | 11 1 | 11 7 | O G WILLY | TE REC'D. BY REGISTR. | ARIZEL RESIGIRA | KS SIGNATU | Santo |
| | /RA 15, 4) | | Lasy | 4/1 | Kluss 3 | TROSTRION DE | 07 300 | Julia Dem | State Kong | |
| | | | - 4 | | | · I VO SIDONG I IL | | W] | | |



| 1. | | | | | OF MARYLAND | | | way . | 3 | -1 3 |
|----------------|--|---|--|--|---|--|--|--|--|---|
| 4 | TATE REGISTRAR | | DEPART | | | | | ن (٥. | <i>j</i> | |
| | | IRST | MIDDLE | LA: | ī | 20. DA | TE OF DEATH | MONTH OAY | YEAR | 2b. HOUR |
| | El | izabeth | В. | Temple | eton | | | 11 4 | 86 | 5:10R |
| 3. SE | | 4. RACE | | | | | (IN YEARS LAST BIR | THDAY) IF | | IF UNDER 24 HRS |
| | Female | Whit | е | | | | 4 | YRS. | 0415 | AUI4. |
| 7a. B | RTHPLACE (STATE OR FORE) | IGN 76. CITIZEN OF | WHAT COUNTRY? | 8 MARRIED | NEVER MARE | RIED | | _ | DEATH | |
| | Penna. | USA | | | | CED A | llegan | У | 1 | MD |
| 10. C | TY OR TOWN OF DEATH | (IF NOT IN SI | JCH FACILITY, GIVE STREET | ADDRESS) | | | | | | F BUSINESS OR |
| | | Cumbe | rland Nu | irsing | Home | 4 | | | - | Home |
| USU. 13a. S | TATE 136 | HOME OR OTHER INSTITUTION | N. GIVE RESIDENCE BEFOR | E ADMISSION) | 136. INSIDE CITY L | IMITS? 13e. ST | REET ADDRESS | | V 500 | |
| | MD A | llegany | Cumber] | and | SE SEASTAN | | | top Dr | ive | 21502 |
| 14. FA | FIRST | MIDDLE | LAST | | 15 MOTHER'S MA | | | | 1.65 | ST. |
| | Jerome | | emesderi | er | Anı | nie | | 1 | ille | r |
| 16a V | | | 166. SOCIAL SEC | JRITY NO. | 17 INFORMANT | | ADDRE | ESS | | |
| 1 2 | | TES, GIVE WAR OR DATES | 187-36- | 1534 | Esther | Evans. | Cumbe | rland. | MD | 21502 |
| | 18 CAUSE OF DEATH (E | nter only one cause p | | | | | | | | MATE INTERVAL |
| 3 | gove rise to immedi couse (o), stating | iote) the DUE TO, (| OR AS A CONSEQU | ENCE OF | | | | | | |
| NO | PART 2 OTHER SIGNIFIC | CANT CONDITIONS | CONTRIBUTING TO | DEATH BUT N | OT RELATED TO | THE TERMINAL D | ISE ASE OR CON | DITION GIVEN | IN PART 1 | 01 |
| TIFICAT | 19a DATE OF OPERATION | N 196. CON | DITION FOR WHICH | OPERATION | WAS PERFORME | | _ 10 | IN CERTIFYIN | G CAUSES | |
| 18 | | | | AY YEAR | 21c. HOW INJURY | OCCURRED (EN | NTER NATURE OF INJU | RY IN ITEM 18 PART | I OR PART 2) | 3.07 |
| CAL | | SE OF DEATH | | 19 | | | | | | |
| ED | 214 INJURY OCCURRED | LAT HOME S | | | 21f LOCATION | | CITY OR TO | wn | COUNTY | STATE |
| > | AT WORK NOT WHILE | | The Court of the C | , and, ere | 1 | VIII. | . 11 | , (33 | 0/ | |
| | 220.1 certify that (1) (thi | is hospital) attended t | 4 | T | 12 , 19 | A6_, to | 17/ | , 19 | 86 | that (I) (we) lost |
| | saw the deceased a above, (1) (we) (did) | (did not) view the bod | ly ofter death. | 26_, and | that in (my) (aur) | apinian death a | ccurred on the de | ote and hour a | nd from the | couses stated |
| Н | 22b. SIGNATURE | Pols | NOV |) | 1. () ATTEN | IDING MED | ICAL STAI | FF CIANIT | 22 PATE | 186 |
| | 22d. PHYSICIAN'S NAM | PRINT | LMOS | | 220 ADDRESS | r S. | zhle | yst. C | und | Perland |
| 23o E | URIAL, CREMATION, REA | | | | | | | 0 | | |
| | Burial | Nov | 8,1986 E | .Pete | rsburg | Luth, I | ancast | er Lar | | er PA |
| | UNERAL DIRECTOR | | | | | | | | | |
| | | | | | | 130. DATE REC D | . DI REGISTRAR | | 0 0 0 0 TAT | 0.110 |
| | 3. SE2 7a. Bl (10. C1 13a. S 14. FA | I. DECEASED NAME [TYPE OR PRINT] 3. SEX Female 76. BIRTHPLACE (STATE OR FORE COUNTRY) 10. CITY OR TOWN OF DEATH Cumberland USUAL RESIDENCE (# NURSING 136. STATE MD 14 FATHER'S NAME FIRST JETOME 160. WAS DECEASED EVER IN (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (E PART I. DEATH WAS Canditions, if any, w gove rise to immed couse (o), stating underlying cause PART 2 OTHER SIGNIFI OR CONTRIBUTING CAUSE (IF EITHER NOTHY MEDICAL (IF EITHER NOTHY MEDICAL (IF EITHER NOTHY MEDICAL (IF EITHER NOTHY MEDICAL TOWN 220. Lertify that (I) (the saw the deceased above, (b) (we) (did) 22b. SIGNATURE 22d. PHYSICIAN: SM | Elizabeth 3. SEX Female Whit 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Penna, 18. CITY OR TOWN OF DEATH 11. NAME OF (IF NOT INS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136. STATE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136. STATE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136. STATE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136. STATE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136. STATE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136. STATE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136. COUNTRY ND 14 FATHER'S NAME FIRST JETOME B 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause property of the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, (c) Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last. (c) PART 2 OTHER SIGNIFICANT CONDITIONS (C) 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF HOME .S. AT WORK CAUSE OF DEATH (IF HOME .S. | T. DECEASED NAME (TYPE OR PRINT) Elizabeth B. 3. SEX Female 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Penna. 10. CITY OR TOWN OF DEATH USA 10. CITY OR TOWN OF DEATH USUAL RESIDENCE (IF NURSING HOME OR CITHER INSTITUTION, GIVE RESIDENCE BEFOR 136. CITY OR TOWN Allegany 14. FATHER'S NAME FRST FRST Jerome Bemesderf 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 175. NO OR UNKNOWN) 18. CAUSE OF DEATH (IE THEY ONLY DEATH OR OF THE PLACE OF THE FOREIGN COUNTRY) INMEDIATE CAUSE (D) Canditions, if any, which gove rise to immediate couse (D). Stating the underlying couse lost. Canditions, if any, which gove rise to immediate couse (D). Stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OR CONTRIBUTING TO OR CONTRIBUTING TO CUMBER 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH AT WAS CAUSE OF DEATH (IF EITHER NOTEY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO TO THE OR CONTRIBUTION OR CONTRIBUTIO | DEPARTMENT OF HE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) Elizabeth B. Temple 3. SEX Female 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Penna. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR (Whoten such facility, Give Singer Address) 130. STATE 1318. COUNTY MD Allegany MODIE LAST JEYONE 14. FATHER'S NAME FRIST JEYONE 166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) NO 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b) and (c.)) 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b) and (c.)) 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b) and (c.)) PART I. DEATH WAS CAUSED BY: (WHOTE OR SINGER SINGER) 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b) and (c.)) 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b) and (c.)) PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (o), storing the underlying couse lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO COUNTRY AND COUNTRY AND COUNTRY HOUR A.M. MONTH DAY YEAR (SETHER NOTIFY AEDICAL EXAMINER) 216. INJURY OCCURRED AT WORK 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK 2176. PHYSICIAN'S MAME (11 of FARM) 228. PHYSICIAN'S MAME (11 of FARM) 229. DATE 230. NAME OF CE. NOV 8, 1986 E. Pete | DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEAT I. DECEASED NAME (TYPE OF PRINT) Elizabeth B. Templeton 3. SEX Female White 76. BIRTHPLACE (STATE OR FOREGAN COUNTRY) Penna. USA Whove the Country Whowever the Co | DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REGISTRAR I. DECEASED NAME II. LEADER II. LEADER III. LEADER III. LEADER III. LEADER III. LEADER III. NAME OF WHAT COUNTRY? III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NOT STORY STREET ADDRESS! III. LEADER STREET NAME III. NOT STORY STREET ADDRESS! III. LEADER STREET NAME III. NOT STORY STREET ADDRESS! III. LEADER STREET NAME III. NOT STREET NAME III. NO | BEATHER STATE REGISTER RADRE REGISTER RADRE REGISTER RADRE REGISTER RADRE RA | DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REGISTRAR I.DECEASED NAME I.THE OFFRIND Elizabeth B. Templeton I. AGE (INTERS) (AST BERDINAME I.THE OFFRIND) FEMALE (STATE OFFRIND II. AGE (INTERS) (AST BERDINAME I.THE OFFRIND II. AGE (INTERS) (AST BERDINAME I.THE OFFRIND II. AGE (INTERS) (AST BERDINAME I.THE MOON! APP. 8, 1892 YRS. I. BALTENDING (INTERS) (AST BERDINAME I.THE MOON! I. B. ALTENDING (INTERS) (AST BERDINAME I.THE OFFRIND III. ANAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. CHIT'OR TOWN OF DEATH III. ANAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. CHIT'OR TOWN III. CHIT'O | DEPARTMENT OF REALTH AND MENTAL HYGIENE REGISTRAR LOCKEASED NAME (IPPLOADER 1981) MODILE LASS TO DATE OF DEATH REG. NO. 11. 4. 86 1. SEX LOCKEASED NAME (IPPLOADER 1981) MODILE LASS TO DATE OF DEATH REG. NO. 11. 4. 86 1. SEX LASE Female To DATE OF DEATH NOTICE TO BRITHPLACE (STATE OF PORTING TO SOUTH OF TOWN OF DEATH LINAMA OF MODIFIAL NURSENO HOME OR OTHER INSTITUTION LINAMA OF MODIFIAL NURSENO HOME OR OTHER INSTITUTION DESTAIR PRODUCTION TO STATE MODIFIED TO BRITHPLACE (STATE OF PORTING) TO STATE TO BRITHPLACE (STATE OF PORTING) TO STATE TO BRITHPLACE (STATE OF PORTING) TO STATE TO |

| | | | | | 00.01 |
|-------------|---------------|--------------|----------------|----------|-------------|
| 1 66 sam. | 11.69 | note | | dieseil | |
| | 26 | 8, 1892 | . 79% | Mitto | Olin I. i |
| | Allocaty | | | and J | Fenna. |
| Shol mo | oliwespon | 00 | land Installar | redmit) | Junicular C |
| Drive 21502 | olo milicop | | Bandradayo | ynsealt. | QH. |
| Miller | | J. Francisco | relaches. | 30 | ONIOTO |
| soers on b | ma, Jamberlan | avu modrau | 387-36-ISSA | | 0 |
| | | | | | |

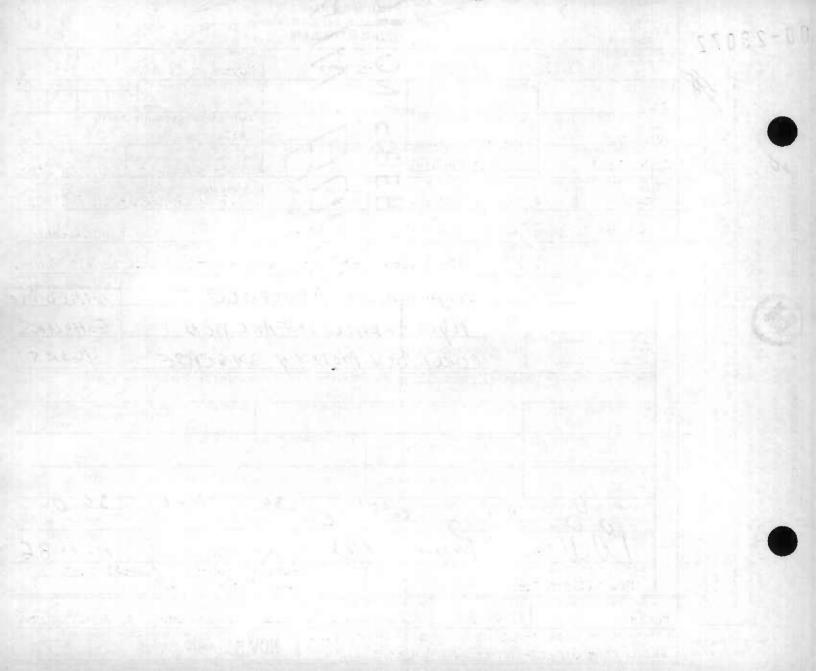
Mov 8, 1986 E. Petersburg Luth. Lancaster Lancaster PA William G. Eight Cumberland, MD

Burial

| 191770 | | N 23CF11mG622 1 FOR STATE REGISTRAR | 45 | ARTMENT OF HE | OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH | IENE 5 0 3 | 0 2 8 3 |
|--|---------------|---|---|------------------------|---|--|---|
| J 2 4 7 8 NOV 2 | DE (TYP) | GASED NAME FIRST EDGA | R A. | TU | RNER | 20 DATE OF DEATH MONTH | 15 86 1:30 M |
| ge 4 moy setor, po sterd | 3. SE | male | 4 RACE White | 5. DATE OF | BIRTH -23-1899 | 6 AGE (IN YEARS LAST BIRTHDAY) 87 YRS. | IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| nerol dire | | RTHPLACE I STATE OR FOREIGN | 76 CITIZEN OF WHAT COUN | TRY? 8 MARRIED WIDOWED | NEVER MARRIED DIVORCED | 9. BALTIMORE CITY OR COUNTY ALLEG | |
| 3 of the fundamental states of the states of | 10. C | TY OR TOWN OF DEATH Cumberland | 11. NAME OF HOSPITAL, NU. | JRSING HOME OR | OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI | 126 KIND OF BUSINESS OR INDUSTRY NOTEL |
| 25 AND 212 | #5U 13a. S | AL RESIDENCE (IF NURSING HOME OF STATE 136 COULT | NTY 134 CITY OR | perland | YES NO | 13e.STREET ADDRESS / ZIP COD 114 Oak Stre | |
| 10/1Z | | Isaac D. | Turner LASI | | | Elizabeth Ours | LAST |
| TIMORE be exercised on and of the Purpers | | VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI | RMED FORCES? | 77 27.00 | Mrs. Olive E | . Turner, Cumber | |
| Sh Bail contracts o physic compage removal event th | 183 | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA | nly one cause per lipe for (a) (b) ED BY: TE CAUSE (a) COU | | unonitis | - aspiration | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| that the attending case retrounding to the attending case retrouse case as a celebration or after traumatic | | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONS | C.V.H | - ē tul | re feeding | 1 |
| ORDS, 20 | INCATION | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING OF CONTRIBUTING 196 CONDITION FOR W | 1. | | IN AL DISEASE OR CONDITION GIV | VEN IN PART 1:a S, WERE FINDINGS USED |
| TALRE | CERTIFIC | 21a. ACCIDENT WAS UNDERLYING | | | | IN CERTI | FYING CAUSES OF DEATH? |
| DIVISION OF VITAL SITERATION The antending physician the thus carditrone h as the burnel-trends s th and Mental Hygre orked or frem IS sho | MEDICAL C | OR CONTRIBUTING CAUSE OF DE {IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED | HOUR A.M. MONTH | DAY YEAR | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| DIV STENDING partial or in CTOR. After the use are of Health. | | 220.1 certify that (1) (this hasp saw the deceased alive an | 11 /7 | CH / | that in (my) (our) apinion o | death accurred an the date and have | that (I) (we) last ur and from the causes stated |
| SAL DRES | Ä | 27b, SIGNATURE A. Rayli 22d, PHYSICIAN'S NAME (1986 | than. | EE DI | GREE ATTENDING PHYSICIAN 22e ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIAN | 11-17-86 - |
| TO HOSPIT retoined by TO FUNE should be with the Sea | | VINAL | A RANJITHAN | | LIONS MANO | OR, CUMBERLAND, | MARYLAND |
| BP | | Burial, CREMATION, REMOVAL SPECIFY) Burial | 23b. DATE 11-20-1986 | SUNSET | METERY OR CREMATORY Mem. Park St. Burial Pa | | Allegany MD |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | 24 F | JNERAL DIRECTOR James F. Scarpe | lli, Cumberlan | d, MD 21 | | 1 9 1995 | TRAR'S SIGNATURE |

NOV 1 9 1995 from Miller Miller

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH MONTH DECEASED NAME 2h HOUR (TYPE OR PRINT) HILLERY CLAYTON VANMETER November 1, 1986 4. RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX MONTH White Malo 12 1914 March 7a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Allegany Maruland DIVORCED [ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR Memorial Hospital TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Cumber land Owner-Operator Grocery Store USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136. COUNTY Allegany 13. STREET ADDRESS / ZIP CODE 14711 Winchester Road / 21502 Cresaptown Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Belle George Urner Van Meter Brotemarkle In WAS DECEASED EVER IN U.S. 17 INFORMANT (YES, NO OR UNKNOWN) 213-22-3169 Marie Van Meter - Address same as #13 above. 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c)
PART I. DEATH WAS CAUSED BY: VENTRICULAR ASYSTOLE MARDIATE IMMEDIATE CAUSE (D)_ INFARCTION Conditions, if ony, which gove rise to immediate couse (a), stating the CHRS underlying couse CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased from and that in (my) (bur) opinion death occurred on the date and hour and from the causes stated obove (1) (we) (did (did not) view the body ofter de 22b. SI IA DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ild be deta the State [224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Memorial Hospital Medical Building Dr. William Lamm Cumberland, MD 21502 shoul with 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE Burial Cumberland-Allegany-Maryland Hillcrest Burial Park 24 FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A. 250 DATE REC'D. BY REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Davidson Pondaes 202 Greene Street-Cumberland. Maryland 21502 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH 1. DECEASED NAME DAY 26 HOUR (TYPE OR PRINT) Joseph Thomas Watkinson Jr. Nov. 2, 1986 6:05 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS SEX Male July 220AY 1905 White 81 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PY (TRY) USA Allegany WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR Frostburg Frostburg VIII age Worker County HAME Formerly of 13d INSIDE CITY LIMITS? Allegany Lonardming 15. MOTHER'S MAIDEN NAME Joseph Thomas "Watkinson"Sr. Maria Nighti'ngale 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 216-05-5879 Mrs. Hutcheson 35 Furnace St, Lonaconin NO OR UNKNOWN WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: VCars IMMEDIATE CAUSE (a)_ Atheroselentic Coronary disease Conditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Gurtic anuerysm. 206. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES [NO [710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE [220.1 certify that (1) (this haspital) attended the deceased from_ .19_56_, and that is (my) (aur) apinion death occurred an the date and hour and from the causes stated abave. (1) (we) (did (did not) view the bady after death. 226. SIGNATURE DEGREE 77r. DATE SIGNED ATTENDING MEDICAL PHYSICIAN POIRECTOR PHYSICIAN 77e ADDRESS 22d PHYSICIAN'S NAME ITYPE OR 55 TACKSON ST. LOWITCONI homus 230 BURIAL CREMATION, REMOVAL 19860ak Hill Cemetery Longconing Affegany Md 250 DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE A Funeral Home DHMH - 16 50M 4/83 (VRA 15, 4)

| | | | | | | 1 |
|-----------------------------|------------|---------|------------|--------|------------|----------|
| edia ater is ivol | .es po: | ab tal | вишоп | | 90% | |
| | 2007 , 550 | VEu1 | | | | The same |
| llermy | BEEL , | (| | | | |
| Correst County Louis | aniate di | | Juman o | | | |
| to cinewith. | | | mont y | dlegan | | |
| elegalication | | 100 | | | To seph Th | |
| non 35 Firmuse it, Lone con | pincul. em | 5-7576 | | | Ma | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | 17.75 | | | |
| 57 (5 c) | | | | | | |
| DEST Franciscons, 198 M. | 55 Just | | value | | | |
| Longouning Literary wa | I Cometery | The new | MRE, p. VI | | | |
| | | 931011 | e ioni | | TA 186981 | |

| | | 500 | | STATE OF MARTLA | | | 73 | 2 - | | |
|--|---------------|---|---|--|----------------------|--|-------------------------|-----------------------------------|--|--|
| 24911 NOV | | FOR STATE GREGISTRAR | DEPART | MENT OF HEALTH AND M CERTIFICATE OF D | | | U | 0 0 | | |
| - 10 1 1 NOT | | DECEASED NAME FIRST | MIDDLE | LAST | 2a. DAT | REG. NO. | DAY YEAR | 7h HOUR | | |
| oy be ooge 3 death | {1 | PE OR PRINT) EMILY | LUCY | LITTCHC | N | | 000 | 10 55 74 | | |
| pog er de | 3. 3 | SEX ENTLY | 4. RACE | WILGUS 5. DATE OF BIRTH | | ember 17, 19 (IN YEARS LAST BIRTHDAY) | 186_ IF UNDER 1 YEAR | 10:55 PM | | |
| ge 4 I | | female | white | MONTH 05-16- | 1913 | 73 YRS. | MONTHS DAYS | HOURS MIN. | | |
| Podir Po | .7a. | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVERM | AARRIED 9 BALT | IMORE CITY OR COUNT | Y OF DEATH | | | |
| Joen There | | PA | USA | WIDOWED DIV | ORCED _ | Allegany | | MD. | | |
| | 10. | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET | | | UAL OCCUPATION WORK FOR MOST OF WORKING L | 12b. KIND O INDUSTRY | F BUSINESS OR | | |
| 2 | 1 | Cumber1and | Memorial Hospit | al & Med. Ce | nter re | tired | | studio | | |
| 24 hou 24 hou uld be uld be | 131 | STATE 113h COUR | ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW CUMber | N 134 INSIDE CI | ITY LIMITS? 13e.STRE | EET ADDRESS / ZIP COD 545 Cromwell | € Terrac | e/21502 | | |
| sh thu | , 14 | FATHER'S NAME | -09411) | | MAIDEN NAME | Arrest value | TCTTGC | 27 21 702 | | |
| 3 1 | | FIRST | ilton J. Phillips | | Estelle S | Shinley | LAS | 1 | | |
| cole | 160 | WAS DECEASED EVER IN U.S. AR | RMED FORCES? 166. SOCIAL SECU | | | ADDRESS | | | | |
| o o o o o o o o o o o o o o o o o o o | | (YES, NO OR UNKNOWN) (IF YES, GI | 210-05-5 | 591 Mr. Wi | lliam C. W | ilgus, Cumbe | rland. | MD-hushai | | |
| cate be exect yescion and c best ages wal. | | 18 CAUSE OF DEATH (Enter or | nly ane cause per line far 🎶 🖒 , an | | . / / | 4 | | IMATE INTERVAL ONSET AND DEATH | | |
| | | PART I. DEATH WAS CAUSED BY MASSIVE CEREDY VASCULOR ACCIDENT | | | | | | | | |
| he death certified of the offending remove carbon mation, ar remover retroumatic eve | | | | | | | | | | |
| death offen | | Canditions, if any, which (b) | | | | | | | | |
| the a | | gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF | | | | | | | | |
| that by by of, cr | | underlying cause last. (c) Hyperlession | | | | | | | | |
| gned gned prij burij | 1, | | CONDITIONS CONTRIBUTING TO | DEATH OUT NOT BELATED | TO THE TERMINAL DIS | EASE OR CONDITION GI | VEN IN PART 10 | on El | | |
| requensi | | Chrinic | Kenay fails | re Rizu | 4 Disorder | sinswar. | spasm, | US Clopped | | |
| low ermine on | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION OR WHICH | OPERATION WAS PERFOR | RMED 200-7 | OUTOPSY? 20b. IF YE | S, WERE FINDIN | OF DEATH? | | |
| The ricion sit program of the ricion sit program of the ricion of the ri | SI E | 21g. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | Tal- How IN | YES | | ES 🗌 | NO 🗌 | | |
| ig physici ig physici riol-transi entol Hygi ttem 18 sh | | | | AY YEAR | JORY OCCURRED (ENT | ER NATURE OF INJURY IN ITEM 18 | PART I OR PART 2) | | | |
| PHYSICIA ending ph this certifi he burial-tr ad Mental d or Item | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINED | P.M. 21e. PLACE OF INJURY | 19 211 LOCATIO | N | | | - 1000 | | |
| G PHy strend the b and A | A. M. | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE, F | | | CITY OR TOWN | COUNTY | STATE | | |
| DING PHYSICIAN. The low require or attending physician. After this certificate has been signed as the buriol-transit permit. There to the and Mental Hygiene prior to Emarked or Item 18 show any injury | | | ital) attended the deceased fram_ | | | | . 19 | that (I) (we) last | | |
| TTEN Pital TOR: for us of He | | saw the deceased alive an | saw the deceased alive an | | | | | | | |
| has has hed | - | 27b. SIGNATURE DEGREE 21c. DATE SIGNED. | | | | | | | | |
| AL O AL D detoc | | atou | r- | MD A | TTENDING MEDIC | TOR PHYSICIAN | 111 | 18/8 | | |
| HOSPIT, ined by Uld be do not the Sto ORTAN | 7 | Memorial Hospital & Medical Cent | | | | | | | | |
| 0 0 0 = 0 | | Dr. Ranji | than | | | d, MD 21502 | carcar | ocinci. | | |
| 5 5 5 4 W | 230 | BURIAL, CREMATION, REMOVAL | 23b. DATE 23c. 1 | NAME OF CEMETERY OR C | REMATORY 23d L | OCATION | COLINTY | 21472 | | |
| BP | | CIEMACION | 11-18-1986 Ros | sedale Funera | | | Berkele | 1 | | |
| DHMH - 16 60M 7/8 | 4 24 | FUNERAL DIRECTOR | ADDRESS | | 250. DATE REC'D. | BY REGISTRAR 25b. REGIS | | | | |
| (VRA 15, 4) | | James F. Scar | pelli, Cumberlan | d, MD | NUV 2 | 0 1986 June | misson-N | as foregain | | |

| | | 11,0 | A JEES LIDE SEE | |
|---------------------------|-------------|-------------|-----------------|--|
| enset as joy segmayors | 1402,114 | | mes 8 | |
| | Arc. 17, 17 | | | |
| YOUR WINDS LIA | | | at die lee | |
| | TVLLAGUE | TRADE HEADT | | |
| sessinti diffici di vicer | | | | |
| | | | | |
| STABLE (FOREST), STATE (| Segn 145 | | | |
| | | | | |
| | | | | |
| | | | | |

| | | | - 1 | | FOR | | | DCD 4 D3 | | OF MARYL | | arkir. | ~~ | - | 3 |
|----------------------------|---------------|--|---------|---------------|---------------------------------------|--|--------------------|----------------------|---------------|---------------------------------------|---------------------|---------------------------------|-------------------|---------------|--------------------|
| 25 | 24 | 5 N | OV 2 | 5 108 | STATE REGISTRAR | | | DEPAR | | ICATE OF I | MENTAL HYG DEATH | REG. N | 5 | 0 4 | 0 2 |
| | | | | | EASED NAME | FIRST | ٨ | AIDDLE | ι. | AST | | 2a. DATE OF DEATH | MONTH D | AY YEAR | 2b. HOUR |
| | e Pe | rector, page 3 urs after death | 1 | (TYPE | OR PRINT) | Harry | Sebas | tian | Winne | r | | 11/18/86 | | | 1:01A M |
| | E () | po ter d | 10 | 3 SEX | | | RACE | | S. DATE C | | | 6 AGE (IN YEARS LAST BI | RTHDAY) | FUNDER 1 YEAR | IF UNDER 24 HRS |
| | 9e 4 | ector rs af | | Ma | ale | 13 | Whit | te | 44/ | 40/ | 35 | 51 | YRS. | INTHS DATS | HOURS MIN. |
| | Pa . | dir dir | ار رسنا | C. C | THPLACE (STATE OR F | OREIGN 7b. | CITIZEN OF | WHAT COUNTRY | ? 8 | NEVER ! | MARRIED . | 9 BALTIMORE CITY | OR COUNTY | OF DEATH | |
| | 1 | no Za | 375 | | ARYLAND | | | States | WIDOWE | D DI | VORCED [| Allegan | / | | MD. |
| | ofter o | the fu | 4 | 10. ⊂1 | Y OR TOWN OF DEA | лн 11 | | HOSPITAL, NURS | | R OTHER INS | TITUTION | 12a USUAL OCCUPAT | | | OF BUSINESS OR |
| 201 | D ST | Pe y | 1 | F | rostburg | | Frostbu | irg Comm | unity | Hospita | al | TRUCK DE | RIVER | COAT | |
| BALTIMORE, MARYLAND 21 | 24 hai | filled in | 34 | 130. S Mar | L RESIDENCE (IF NURS | 136 COUNTY | HER INSTITUTION | 13c CITY OR TO | bura | 13d. INSIDE C | ITY LIMITS? | 13e.STREET ADDRESS PO Box 14 | | | L532 |
| YLA | - Fi | 75 | E 1 | | THER'S NAME | | | | - u. g |) | S MAIDEN NA | ME PO BOX 15 | FO, Fru | 2 roung | MD |
| MAR | , p | completel |)E/ | | ALBERT | | DOLE | WINN | ER | 191 | MMA" | WIDDLE | | ROBI | |
| RE, I | ecute | 0 - | ico | | 'AS DECEASED EVER | IN U.S. ARME | D FORCES? | 166 SOCIAL SEC | | 17 INFORMA | | FROS | BURG. | | 21532 |
| IWO | 0 0 | Pages | medica | (A | NO OR UNKNOWN) | (IF YES, GIVE W | A . | 220-32 | -4427 | MRS. | HARRY | WINNER. | | | AVE. |
| SALT | ote b | pers. | t, the | | IS CAUSE OF DEAT | H (Enter only | one couse per | line for (o), (b), o | ind (ci.) | | | | | | CIMATE INTERVAL |
| ST., E | rtific | an po eman | event | | PART I. DEATH W | AS CAUSED E | | Cars | line | an | est | | | | |
| NO | 9 | ling or r | atic | | | | DUE TO, OF | R AS A CONSEQU | UENCE OF | | | | | | |
| REST | 1 | | raum | | Conditions, if any, | | (d). | | | | | | | | |
| 201 W. PRESTON | 19 | 100 | her t | M. | couse (a), statin | g the ' | DUE TO, OF | R AS A CONSEO | UENCE OF | | | | | 100 | |
| 10 | 1 | - | ar at | | | | ((c) | | | | | | | 1 | |
| DS, 2 | Juin. | sign hen ha bu | njury, | Z | PART 2. OTHER SIGN | IIFICANT COI | NDITIONS <u>CC</u> | NTRIBUTING TO | DEATH BUT | NOT RELATED | TO THE TERM | INAL DISEASE OR CON | IDITION GIVE | V IN PART 1 | O |
| DIVISION OF VITAL RECORDS, | 3 | een it. T | e S | CERTIFICATION | 190. DATE OF OPERAT | ION | 19b. CONDI | TION FOR WHIC | H OPERATION | N WAS PERFC | RMED | 20a. AUTOPSY? | 20b. IF YES, | WERE FINDIN | NGS USED |
| I RE | ne la | per per | Smc | IFIC | | | | | | | | YES TO NOT | IN CERTIFY YES | | OF DEATH? |
| VITA | y Sicro | ransit Hygie | St. | CERI | 210. ACCIDENT WAS UNE | | 21b. TIME O | | | 21c. HOW IN | JURY OCCURE | RED (ENTER NATURE OF INSI | | | 1.0 |
| OF | CIA | certificate irial-transi ental Hygi | E T | AL | OR CONTRIBUTING | | HOUR A./ | M. MONTH (M. | DAY YEAR | | | | | | |
| ON ON | PHYSIC | this of | 7 | MEDICAL | 21d. INJURY OCCURE | | 21e PLACE | | | 21f. LOCATIO | | CITY OR TO | OWN | COUNTY | STATE |
| N/S | 0 = | ter t us the | marked | 2 | AT WORK NOT WH | ILE C | I AT HOME SIK | ELI, FACTORI, OFFICE | , FARM, EIC.) | 1 | | | | 06764 | |
| ۵ | NON | OR: Al | s mc | | 22a.l certify that (I) | |) ottended the | deceased from | | 11/18 | 19 10 | , to | 18 ,1 | 9 76 | that (1) (we) last |
| | ATTE | | n 21 | r (| saw the decease above, (1) (we) (c | id alive on lid) (did not) v | new the body | ofter death19_ | ft, on | d that in (my) | (aur) apinian (| death accurred on the c | late and hour | and from the | couses stated |
| | 6 0 8 e | DIRECT Sched f | f Hen | 4 | 22b. SIGNATURE | 0 | ,, ,,,,, | 14 ()a | | DEGREE | ATTENDING 1 | MEDICAL STA | ee . | 22c. DATE | SIGNED |
| | ITAL by th | RAL det | ž | 11 | 22d. PHYSICIAN'S NA | 0.0 | yec | 2001 00 | yue - | 220 ADDRES | | MEDICAL STA | CIAN | 111 | 19/86 |
| | HOSPIT | Id be |) RTA | | | | | | | 77e ADDRES | | MD 015 | 20 | | |
| | TO HOSI | TO FUNERA shauld be de with the Stat | N P | 22- 0 | Dr. And | | | F02 | NAMEOFO | L L L L L L L L L L L L L L L L L L L | | urg, MD 215 | 32 | | |
| | ВР | | | 730 B | URIAL, CREMATION, SPECIFY) LAT | REMOVAL | | | | EMETERY OR | | CITY OR TOWN | *** | COUNTY | STATE |
| | | | | N.J | W NIECTON | no for | | | | JRG M | EM PAR | FROSTP | UKG A | LIFC A | TURE MD |
| | | I - 16 60M VRA 15, 4 | | 15 | overs Fund | eral Ho | ome | | tburg, | - | NO | v 2.4 1986 | | Dividson. | Pendage |
| | | | | | CHANGE OF CHANGO | AND DESCRIPTION OF THE PARTY OF | CALLY CO. | | 0.001.93 | . 10 | | V CI LUUU | | | - |

Variety, voltors, see as 136 Justini Nov. 7, 1986 Licentenne Burstell Re Brottone, Allemer, M.

The state of the s